INTERNET FORM NLRB-501 (2-06)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT W	RITI	E IN THIS SPACE
Case 21-CA-095841	41	Date Filed 1/3/2013

INSTRUCTIONS:		
File an original with NLRB Regional Director for the region in while 1. EMPLOYER	R AGAINST WHOM CHARGE IS BROUGHT	rring.
a. Name of Employer		b. Tel. No.
Waste Management	*	- C-III-
		c. Cell No. 832-470-2353
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 17700 Indian Avenue	e. Employer Representative John Franceschi	g. e-Mail
Moreno Valley, CA 92551	Labor Relations Manager	frances@wm.com
	The second second	h. Number of workers employed
i. Type of Establishment (fectory, mine, wholesaler, etc.) Sanitation Facility	j. Identify principal product or service Waste Disposal	
k, The shove-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of s	ection 8(a), subsections (1) and (list
subsections) (3)		abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		untair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	practices)
Within the past six months, the above-named En	nployer has violated the Act by, among o	ther acts, terminating on on
(b) (6), (b) (7)(C) for engaging in	protected concerted activities.	
<ol> <li>Full name of party filing charge (if jabor organization, give Package and General Utility Drivers, Teamsters</li> </ol>	full name, including local name and number)	
Package and General Dunty Drivers, Teamsters	Focal Culon 398	
4s. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 626-915-3696
880 Oak Park Road, Suite 200		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Covina, CA 91724		4c Cell No.
		4c. Cell No.
		4d. Fax No. 626-915-3635
5. Full name of national or international labor programmation of		
organization) International Brotherhood of Teamste	f which it is an afflicate or constituent unit (to be fills	4d. Fax No. 626-915-3635 4e. e-Mail
	f which it is an affliate or constituent unit (to be fille	4d. Fax No. 626-915-3635 4e. e-Mail
a and late	ers	4d. Fax No. 626-915-3635  4e. e-Mail  ad in when charge is filed by a labor
6. DECLARATI	ers ON	4d. Fax No. 626-915-3635 4e. e-Mail
i declare that have read the above charge and that the stateme	on on the best of my knowledge and belief.	4d. Fax No. 626-915-3635  4e. e-Mail  ad in when charge is filed by a labor  Tel. No.
i declare that have read the above charge end that the stateme	on on the best of my knowledge and belief.	4d. Fax No. 626-915-3635  4e. e-Mail  ad in when charge is filed by a labor  Tel. No. 818-501-8030  Office, if any, Cell No.
I declare that the read the above charge and that the stateme  PENEE SANCHEZ  By  FOR AMANDA LIVELY AI	ers ON Into are true to the best of my knowledge and belief.  manda Lively	4d. Fax No. 626-915-3635  4e. e-Mail  ad in when charge is filed by a labor  Tel. No. 818-501-8030
I declare that the read the above charge and that the stateme  PENEE SANCHEZ  By  FOR AMANDA LIVELY AI	ON  ON onto are true to the best of my knowledge and belief.  manda Lively  (PrinVtype name and title or office, if any)	4d. Fax No. 626-915-3635  4e. e-Mail  ad in when charge is filed by a labor  Tel. No. 818-501-8030  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C \$512

INTERNET FORM NLRB-501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

alively@wkpyc.com

(date)

CUVINGE VOVIDED EMILEDA	EK	03 00		
INSTRUCTIONS:		21-CA-0960	67	1-9-13
File an original with NLRB Regional Director for the region in which th	i e alleged upfelt lebor pres	tice occurred or is occurri		
	GAINST WHOM CHA		, <del>g</del> .	
a. Name of Employer	ONING THIS IN	75-73-8438-841	b. To	el, No.
Waste Management			1-0	all No.
			l. C	ell No. 832-470-2353
			f. Fa:	
d. Address (Street, city, state, and ZIP code)	e. Employer Represen	tetive	٦	
17700 Indian Avenue	John Franceschi		g. e-	Mail
Moreno Valley, CA 92551	Labor Relations M	lanager	ifrar	ces@wm.com
			<u> </u>	· · · · · · · · · · · · · · · · · · ·
			h, Ni	umber of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.) Sanitation Facility	j. Identify principal prod	duct or service		
	Waste Disposal			
k. The above-named employer has engaged in and is engaging	in unfair lebor prectices v	vithin the meaning of sec	tion 8(a).	subsections (1) and (list
subsections)		of the National Labo	or Relatio	ons Act, and these unfair labor
practices are practices affecting commerce within the meaning	of the Act, or these unf			
within the meaning of the Act and the Postal Reorganization A		an observation of the	, , , , , , , , , , , , , , , , , , ,	
2. Basis of the Charme (set forth a clear and consing statement of	the facts countilution if	a allagad unfair labor an	netien n\	
2. Basis of the Charge (set forth a clear and concise statement of	-	•	•	
Within the past six months, the above-named Emplo	•	Act by, among oth	er acts	, disciplining, harassing
and intimidating employees for engaging in union a	ctivities.			
		•		
3. Full name of party filing charge (if labor organization, give full	name including local par	me and number)		
<ol> <li>Full name of party filing charge (if labor organization, give full Package and General Utility Drivers, Teamsters Loc</li> </ol>	al Union 396	The dista Harmoon		
4a. Address (Street and number, city, state, and ZIP code)			4b. Tel.	No. 626-915-3696
200 0 1 0 1 0 1 0 1				020-919-3690
880 Oak Park Road, Suite 200			4c. Cell I	No.
Covina, CA 91724		Ĺ		
			4d. Fax	No. 626-915-3635
		L		
			4e, e-Ma	4f
5. Full name of national or international labor organization of whi	ch it is an affiliate or con	stituent unit (to be filled i	n when c	harge is filed by a lebor
organization) International Brotherhood of Teamsters		·		- '
- International Diotriefficod of Teamsters				
5 DECLARATION			Tel No.	
I declare that I have read the above charge and that the statements a	re true to the best of my kr	nowledge and belief.		818-501-8030
		-	O@les 14	any Call No
Amar	nda Lively		υπice, if	any, Cell No.
	Printlype name and title or of	ffice, if any)		
		,,,	Fax No.	818-501-5306
/' \ // /		}	o-Maril	
10501 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/		1/9/13	e-Mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

16501 Ventura Blvd., #304, Encino, CA 91436

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 er seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice erid related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITI	E IN THIS SPACE
Case	Date Filed
21-CA-096654	1-17-13

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the		rring.
	GAINST WHOM CHARGE IS BROUGHT	h Tel No
a. Name of Employer		b. Tel. No. (800) 643-4545
KAG WEST, LLC		c. Cell No.
	T. Faralana Barana Artina	f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mail
3201 E. 69th Street	Mr. Craig Moore	g. C-Mail
Long Beach, CA 90805-1870	IVII. Staly Indoors	
Long Beach, CA 30000 1070		h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) 8(a)(3)	of the National La	bor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization		infair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor p	oractices)
Within six (6) months prior to the filing of this charge	e, the above-referenced Employer viola	ated Sections 8(a)(1) and 8(a)(3)
of the Act by harassing and discriminating against	b) (6), (b) (7)(C) because of [ <sup>b) (6)</sup> union ar	nd/or other protected, concerted
activities.		
3. Full name of party filing charge (if labor organization, give full	name, including local name and number)	
Miscellaneous Warehousemen, Drivers and Helper	s, Local 986	
4a. Address (Street and number, city, state, and ZIP code)		<sup>4b. Tel No.</sup> (626) 350-9860
1198 Durfee Avenue		4c. Cell No.
South El Monte, CA 91733		Ad Fay No
		<sup>4d. Fax No.</sup> (626) 448-0986
		4e. e-Mail
Full name of national or international labor organization of whorganization)	ich it is an affiliate or constituent unit (to be filled	in when charge is filed by a labor
International Brotherhood of Teamsters		
6. DECLARATION		Tel. No.
I declare that I have read the above charge and that the statements a	are true to the best of my knowledge and belief.	(626) 350-9860
	O Caldha I aban Ca	Office, if any, Cell No.
py	a S. Goldberg, Labor Counsel	
(signature of representative or person making charge) (F	Print/type name and title or office, if any)	Fax No. (626) 448-0986
	1/14/13	e-Mail
1198 Durfee Avenue, South El Monte, CA 917	733 (date)	
Addi 699	Coare	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET PORM NLRB-501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

1000000000000

	FORM EXEMPT UNDER 44 U.S.C 2512			
DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
21-CA-097177	1-28-13			

CHARGE AGAINST EMPLO	YER	Case	- (	Date Filed
INSTRUCTIONS:		21-CA-09717	77	1-28-13
File an original with NLRB Regional Director for the region in which	he alleged unfair labor pre-	etice occurred or is occurrin	ng.	
	AGAINST WHOM CHA	RGE IS BROUGHT		
a. Name of Employer     Southwest Healthcare System d/b/a Rancho Sprir	nce and Inland Valley	Modical Centers	b. Te	<sup>1. No.</sup> (951) 696-6000
Southwest realistate System Broza Nationo Spin	igs and mand valley	Miscical Centers	c. Ce	li No.
			f. Fax	No.
d. Address (Street, city, state, and ZIP code) 25500 Medical Center Drive Murrieta, CA 92562	e. Employer Represe John Harris, CEO		g. e-N	Asi I
Mumera, CA 52502			h. Nu	mber of workers employed appx 570 (in unit)
Type of Establishment (factory, mine, wholesaler, etc.)     Hospital	j. Identify principal pro Health Care	duct or service		appx 370 (at othe)
k. The above-named employer has engaged in and is engaging		within the meaning of sect	ion 8/a)	subtertions (1) and (first
subsections) (3)	) in unias labor practices			ns Act, and these unfair labor
practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization	•			
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting t	ne alleged unfair labor pre	ctices)	
Within the past six months, the Employer, through	- 1			
and coerced employees in the exercise of their right				
discriminating in regard to tenure and terms or con	ditions of employme	nt to discourage men	nbershi	p in a labor organization
when the Employer disciplined (b) (6), (b) (7)(C)	ı known labor organi	zation supporter, bed	ause o	full union and/or other
protected concerted activities				
By these and other similar acts, the Employer has	violeted Sections 8/s	ol(1) and (3) of the N	ιpΔ	
by these and other similar acts, the Employer has	violates sections of	I)( i) and (3) of the N	LIVA.	
3. Full name of party filing charge (if lebor organization, give full	name, including local na	me and number)		
Full name of party filing charge (if labor organization, give full United Nurses Associations of California/Union of Items (Inc.)	Health Care Professi	onals, NUHHCE, AF	SCME,	AFL-CIO
4a. Address (Street end number, city, state, and ZIP code)			4b, Tel. N	0. 000 500 9022
955 Overland Court, Suite #150		Ĺ	(= C=   1)	909-599-8622
San Dimas, CA 91773-1718		)	c. Cell N	i .
		[4	d. Fax N	909-599-8655
		4	le. e-Mail	
5. Full name of national or international labor organization of whether the state of the state o	nich it is an affiliate or con	stituent unit (to be filled in	when ch	arge is filed by a labor
organization) National Union of Hospital and Health C	Care Employees, AF	SCME, AFL-CIO		~
6. DECLARATION		!	Tel. No.	909-599-8622 = 5
I declare that I have read the above charge and that the statements	are true to the best of my ki	nowledge and belief.		909-399-0622
Dil Aug Rich	a Amar, In-House At	torney	Office, If a	ny, Cell No.
By Carlotte Comments	Print/type name and title or o	Man A stud	ax No. c	100-599-8655
			-Mall	
955 Overland Ct. #150, San Dimas, CA 9177	3	1/28/2013		unac-ca.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to Invoke its processes.

1/29/2013 4:08 PM FROM: Fax Hayes \_Cunningham, LLP TO: +1 619-557-6358 PAGE: 003 OF 005

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
21-CA-097366	1-29-13			

INSTRUCTIONS

File an original with NLRB Regional Director for the region		<del></del>
	PLOYER AGAINST WHOM CHARGE IS BI	
a. Name of Employer		b. Tel. No. 858-966-7588
Rady Children's Hospital - San Diego		c. Cell No.
Address (Classically state and 710 and 1	e. Employer Representative	f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Chiployer Representative	g. e-Mail
3020 Children's Way	Tami Denney	tdenney@rchsd.org
San Diego, CA 92123	Manager, Labor Relations	h. Number of workers employed 1,500
i. Type of Establishment (factory, mine, wholesaler, e Acute care hospital	j. Identify principal product or service Health Care	
k. The above-named employer has engaged in and is		aning of section R/a) subsections (1) and (list
subsections; (2) and (3)		lational Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the within the meaning of the Act and the Postal Reorgi	he meaning of the Act, or these unfair labor pract	
Basis of the Charge (set forth a clear and concise a	. <del> </del>	air labor practices)
Within the past six months, the Employer ha	, .	s for engaging in concerted protected
activities and (2) interfered with the adminis-	tration of union business.	
•		
		i
3. Full name of party filing charge (if labor organization,	give full name, including local name and number	n
United Nurses of Children's Hospital (UNOC	H)	ſ
a. Address (Street and number, city, state, and ZIP cod	de)	4b, Tel. No. 619-697-5099
170 Mesa Blvd.		
an Diego, CA 91941		4c. Cell No.
		4d. Fax No.
		4e. e-Mail
	•	20
Full name of national or international labor organization ganization) n/a	n of which it is an affiliate or constituent unit (to b	ne filled in whon charge is filed by a labor
·		
5. DECLAR declare that I have real the above charge and that the state	ATION ements are true to the best of my knowledge and bellongers.	el. Tel. No. 619-297-6900
1110/1/2	Danna Buffar, Attorney	Office, if any, Cell No.
(signature of regrosehiative or person making charge)	Donna Butler, Attorney (Printrype name and title or office, if any)	
(ciginator at total partition of bandon visiting anality)	(- пишуро наша впо ное от описе, и впу)	Fax No. 619-297-6901 / >
	1/29/2013	e-Mail
ess 5925 Kearny Villa Rd., Suite 201, San Di	ego, CA 92123 (date)	dmb@sdlaborlaw.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings of litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Form NLRB - 501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Date Filed Case 21-CA-098670 2-19-13

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

		b. Tel. No. (310) 639-1024
		c. Cell No.
Morrell's Electro Plating, Inc.		
1,4-4-28 1-4-30 1 1723-1	*	
d. Address (street, city, state ZIP code) 432 Euclid Avenue	e. Employer Representative	f. Fax No. (310) 639-1025
Compton, CA 90222	Hector Montes, Plant Manager	g. e-Mali
		h. Dispute Location (City and State) Compton, CA
i. Type of Establishment (factory, nursing home, hotel)	J. Principal Product or Service	k. Number of workers at dispute location
notely	metal finishing and treatment	100
Factory	metal inishing and treatment	
	d is engaging unfair labor practices within the mea	
Relations Act, and these unfair labor practices are affecting commerce within the meaning of the Act	e practices affecting commerce within the meaning	of the Act, or these unfair labor practices are un
2. Basis of the Charge (set forth a clear and conci-	se statement of the facts constituting the alleged u	nfair labor practices\
Market and the state of the sta		At the way to Zaluste
Within the past six months, specific	cally on or about (b) (6), (b) (7)(C) 2012, th	e above-captioned Employer
cilchandad and cilhcodilantly form	O A Complement of the patenting	in retaliation for the union
suspended and subsequently term	ninated employee(b) (6), (b) (7)(C)	in retaliation for union
suspended and subsequently term and/or protected concerted activity.	ninated employee(b) (6), (b) (7)(C)	in retaliation for ever union
and/or protected concerted activity.	ninated employee(b) (6), (b) (7)(C)	in retaliation for en union
suspended and subsequently term and/or protected concerted activity.	ninated employee(b) (6), (b) (7)(C)	in retaliation for we union
suspended and subsequently term and/or protected concerted activity.	ninated employee(b) (6), (b) (7)(C)	in retaliation for we union
suspended and subsequently term and/or protected concerted activity.	ninated employee(b) (6), (b) (7)(C)	in retaliation for we union
suspended and subsequently term and/or protected concerted activity.	ninated employee(b) (6), (b) (7)(C)	in retaliation for we union
suspended and subsequently term and/or protected concerted activity.	ninated employee(b) (6), (b) (7)(C)	in retaliation for on union
and/or protected concerted activity.		in retaliation for one union
and/or protected concerted activity.  Full name of party filing charge (if labor organiza	ulion, give full name, including local name and num NFL-CIO	in retaliation for <sup>(9)(6)</sup> union
and/or protected concerted activity.  Full name of party filing charge (if labor organiza Sheet Metal Workers Local Union 170, Ala. Address (street and number, city, state, and Zli	ulion, give full name, including local name and num NFL-CIO	in retaliation for one union  (ber)  4b. Tei. No. (552) 595-4066
and/or protected concerted activity.  S. Full name of party filling charge (if labor organize Sheet Metal Workers Local Union 170, Ala. Address (street and number, city, state, and Zlight) East Whittier Boulevard, Suite 170	ulion, give full name, including local name and num NFL-CIO	ther)  4b. Tei. No. (562) 695-4066  4c. Cell No. (562) 577-2612
and/or protected concerted activity.  S. Full name of party filling charge (if labor organiza Sheet Metal Workers Local Union 170, A la. Address (street and number, city, stale, and Zli	ulion, give full name, including local name and num NFL-CIO	(aber)  4b. Tel. No. (562) 695-4066  4c. Cell No. (562) 577-2612  4d. Fax No. (562) 695-4807
and/or protected concerted activity.  5. Full name of party filling charge (if labor organize Sheet Metal Workers Local Union 170, Alla. Address (street and number, city, state, and Zlip 2101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660	ulion, give full name, including local name and num FL-CIO P code)	ther)  4b. Tei. No. (562) 695-4066 4c. Cell No. (562) 577-2612 4d. Fax No. (562) 695-4807 4e. e-Mail emesto.tolentino@smwtu170.org
and/or protected concerted activity.  5. Full name of party filling charge (if labor organize Sheet Metal Workers Local Union 170, Alla. Address (street and number, city, state, and Zlip 2101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660	ulion, give full name, including local name and num NFL-CIO	ther)  4b. Tei. No. (562) 695-4066 4c. Cell No. (562) 577-2612 4d. Fax No. (562) 695-4807 4e. e-Mail emesto.tolentino@smwtu170.org
and/or protected concerted activity.  S. Full name of party filling charge (if labor organiza Sheet Metal Workers Local Union 170, A la. Address (street and number, city, stale, and ZII 2101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660  S. Full name of national or international labor organization)	ution, give full name, including local name and num NFL-CIO P code) nization of which it is an affiliate or constituent unit	ther)  4b. Tei. No. (562) 695-4066 4c. Cell No. (562) 577-2612 4d. Fax No. (562) 695-4807 4e. e-Mail emesto.tolentino@smwtu170.on
and/or protected concerted activity.  Full name of party filling charge (if labor organiza Sheet Metal Workers Local Union 170, A la. Address (street and number, city, state, and Zlip 2101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660  Full name of national or international labor organization)  Sheet Metal Workers International Union, AFL-C	ution, give full name, including local name and num NFL-CIO P code) nization of which it is an affiliate or constituent unit	in retaliation for union  4b. Tei. No. (562) 695-4066 4c. Cell No. (562) 577-2612 4d. Fax No. (562) 695-4807 4e. e-Mail emesto.tolentino@smwtu170.org
and/or protected concerted activity.  Full name of party filling charge (if labor organiza Sheet Metal Workers Local Union 170, A la. Address (street and number, city, state, and Zlip 2101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660  Full name of national or international labor organization)  Sheet Metal Workers International Union, AFL-C. DECLARATION	ullon, give full name, including local name and num FL-CIO P code) nization of which it is an affiliate or constituent unit	in retaliation for union  4b. Tel. No. (562) 895-4066 4c. Cell No. (562) 577-2612 4d. Fax No. (562) 695-4807 4e. e-Mail emesto.tolentino@smwtu170.org
and/or protected concerted activity.  Full name of party filling charge (if labor organiza Sheet Metal Workers Local Union 170, A la. Address (street and number, city, state, and Zlip 2101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660  Full name of national or international labor organization)  Sheet Metal Workers International Union, AFL-C	ullon, give full name, including local name and num FL-CIO P code) nization of which it is an affiliate or constituent unit	in retaliation for union  4b. Tel. No. (562) 695-4066 4c. Cell No. (562) 577-2612 4d. Fax No. (562) 695-4807 4e. e-Mail emesto.tolentino@smwlu170.on (to be filled in when charge is filed by a labor  Tel. No. (562) 695-4066
and/or protected concerted activity.  Full name of party filling charge (if labor organize Sheet Metal Workers Local Union 170, A a. Address (street and number, city, state, and ZII 0101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660  Full name of national or international labor organization)  Sheet Metal Workers International Union, AFL-C. DECLARATION I declare that I have read the above charge an my knowledge and bellef.	nition, give full name, including local name and num. FL-CIO P code)  nization of which it is an affiliate or constituent unit. IO  not that the statements are true to the best of	in retaliation for union  4b. Tel. No. (562) 895-4066  4c. Cell No. (562) 577-2612  4d. Fax No. (562) 695-4807  4e. e-Mail emesto.tolentino@smwlu170.org (to be filled in when charge is filed by a labor  Tel. No. (562) 695-4066  Office, if any, Cell No.
and/or protected concerted activity.  Full name of party filing charge (if labor organiza Sheet Metal Workers Local Union 170, A la. Address (street and number, city, state, and Zlip 101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660  Full name of national or international labor organization)  Sheet Metal Workers International Union, AFL-C DECLARATION I declare that I have read the above charge and	ullon, give full name, including local name and num FL-CIO P code) nization of which it is an affiliate or constituent unit	in retaliation for union  4b. Tel. No. (562) 695-4066  4c. Cell No. (562) 577-2612  4d. Fax No. (562) 695-4807  4e. e-Mail emesto.tolentino@smwlu170.on (to be filled in when charge is filed by a labor  Tel. No. (562) 695-4066
and/or protected concerted activity.  S. Full name of party filling charge (if labor organiza Sheet Metal Workers Local Union 170, A la. Address (street and number, city, state, and Zlip 101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660  Full name of national or international labor organization)  Sheet Metal Workers International Union, AFL-C DECLARATION I declare that I have read the above charge and my knowledge and bellef.  By:	illion, give full name, including local name and num. FL-CIO P code)  iizalion of which it is an affiliate or constituent unit. IO  Head Organizer	in retaliation for union  4b. Tel. No. (562) 695-4066 4c. Cell No. (562) 577-2612 4d. Fax No. (562) 695-4807 4e. e-Mail emesto.tolentino@smwlu170.org (to be filled in when charge is filed by a labor  Tel. No. (562) 695-4066  Office, if any, Cell No. (562) 577-2612
and/or protected concerted activity.  S. Full name of party filling charge (if labor organize Sheet Metal Workers Local Union 170, A la. Address (street and number, city, state, and ZII 0101 East Whittier Boulevard, Suite 170 Pico Rivera, CA 90660  Full name of national or international labor organization)  Sheet Metal Workers International Union, AFL-C. DECLARATION I declare that I have read the above charge an my knowledge and bellef.	illion, give full name, including local name and num. FL-CIO P code)  iizalion of which it is an affiliate or constituent unit. IO  Head Organizer	in retaliation for union  4b. Tel. No. (562) 695-4066  4c. Cell No. (562) 577-2612  4d. Fax No. (562) 695-4807  4e. e-Mail emesto.tolentino@smwlu170.org (to be filled in when charge is filed by a labor  Tel. No. (562) 695-4066  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801 PRIVACY ACT STATEMENT

9101 Easl Whittier Boulevard, Pico Rivera, CA 90660

ernesto.tolentino@smwlu.org

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fu set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. 1-6812631 Form NLR9 - 37 (2-98)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
21-CA-098677	2/19/2013
21-CA-098677	2/19/2013

	EMPLOYER AGAINST WHOM CHARGE IS BROU	
i. Name of Employer Happyrand internet Café		b Tel. No. 951-351-9490
		c. Cell No. 909-260-3553
Address (street, city, state ZIP code) 3830 Lo Sierra Avenue	e. Employer Representative Gnasan Elmalih	f. Fax No.
Riverside CA 92505	ahassan Elmalih	g. e-Mait
		h. Dispute Location (City and State) Riverside, CA
Type of Establishment (factory, nursing home, otel)	j Principal Product or Service	k. Number of workers at dispute location 3
nternet cafe	copying, faxing, and internet gaming	
lational Labor Relations Act, and these unfair la	nd is engaging unfair labor practices within the mean bor practices are practices affecting commerce with e within the meaning of the Act and the Postal Reorg	n the meaning of the Act, or these unfair labor
	cise statement of the facts constituting the alleged ur	
	ening employees because of their prote	ected concerted activities.
discriminating against and threats  Full name of party filing charge (if labor organi (b) (6), (b) (7)(C)	ening employees because of their proteing employees because of their protein p	ected concerted activities.
ciscriminating against and threats  Full name of party filing charge (if labor organi (b) (6), (b) (7)(C)  a. Andress (street and number, city, state, and	ening employees because of their proteing employees because of their protein p	ected concerted activities.  (ber)  45. Tel. No.
discriminating against and threats  Euli rame of party filing charge (if labor organi (b) (6), (b) (7)(C)	ening employees because of their proteing employees because of their protein p	ected concerted activities.    db. Tel. No.
ciscriminating against and threats  Full name of party filing charge (if labor organi (b) (6), (b) (7)(C)  a. Andress (street and number, city, state, and	ening employees because of their proteing employees because of their protein p	ected concerted activities.    deline   deline
GISCriminating against and threats  Full name of party filing charge (if labor organi (b) (6), (b) (7)(C)  Fa. Andress (street and number, city, state, and (b) (6), (b) (7)(C)	ening employees because of their proteing employees because of their proteing local name and num	aber)  4b. Tel. No.  4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax Nd.  4e. e-Ma!
CISCIMINATING against and threats  Eult name of party filing charge (if labor organi (b) (6), (b) (7)(C)  a. Andress (street and number, city, state, and (b) (6), (b) (7)(C)  E. Full name of national or international labor cre	ening employees because of their proteing employees because of their protein p	aber)  4b. Tel. No.  4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax Nd.  4e. e-Ma!
Criscriminating against and threate Euli name of party filing charge (if labor organi (b) (6), (b) (7)(C)  Sa. Address (street and number, city, state, and (b) (6), (b) (7)(C)  S. Full name of national or international labor croprogram cation) in a DECLARATION I declare that I have read the above charge	ening employees because of their proteining employees because of their protein ization, give full name, including local name and number code)  ZIP code)  ganization of which it is an affiliate or constituent unit and that the statements are true to the best of	acted concerted activities.  Ab. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Ma!
ciscriminating against and threats  Euli name of party filing charge (if labor organi (b) (6), (b) (7)(C)  a. Andress (street and number, city, state, and (b) (6), (b) (7)(C)  Full name of national or international labor organization) nia  BECLARATION	ening employees because of their proteining employees because of their protein ization, give full name, including local name and number code)  ZIP code)  ganization of which it is an affiliate or constituent unit and that the statements are true to the best of	acted concerted activities.  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mall  (to be filled in when charge is fliad by a labor
CISCIMINATING against and threated.  Eult name of party filing charge (if labor organics) (b) (6), (b) (7)(C)  A. Andress (street and number, city, state, and (b) (6), (b) (7)(C)  Full name of national or international labor croorganication) rula  S. PECLARATION I declare that I have read the above charge	ening employees because of their proteining employees because of their protein ization, give full name, including local name and number code)  ZIP code)  ganization of which it is an affiliate or constituent unit and that the statements are true to the best of	acted concerted activities.    4b. Tel. No.     4c. Cell No.     (b) (6), (b) (7)(c)     4d. rax No.     4e. e-Ma!    (to be filled in when charge is fliad by a labor     Tel No.     Office, if any, Cell No.

WILLFU!, FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NURB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 15, 2006). The NURB will further explain these uses upon request. Disclosure of this information to the NURB is voluntary; however, failure to supply the information will cause the NURB to decline to invoke its processes.

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

21-CA-098760 2-20-13

File an original of this charge with NLRB Regional	Director in which the elleged unfair labor pre EMPLOYER AGAINST WHOM CHARGE IS	ctice occurred or is occurring.		
a. Name of Employer	EMPLOTER AGAINST WHOM CHARGE IS	b. Tel. No		
Verizon Communications		805-376-8148		
Venzon Communications		c, Cell No.		
d. Address (street, city, state ZIP code)	e. Employer Representative	! Fex No.		
3770 Industry Avenue	Dyann Johnston	805-376-3047		
Lakewood, CA 90712	,	g. e-Meil		
		dyannjohnston@verizon.com		
		h. Dispute Location (City and State)		
Type of Establishment (factory, nursing home, notel)	j. Principal Product or Service	k, Number of workers at dispute location		
echnician yard	communications			
Basis of the Charge (set forth a clear and concise). Basis of the Charge (set forth a clear and concise). Within the past six (6) months, the about union and/or protected concerted activities.	e statement of the facts constituting the alleg	ed unfair labor practices)		
Full name of party filing charge (if labor organization CWA Local 9586		number)		
Address (street and number, city, state, and ZIP	code)	4b. Tel. No.		
12330 East Firestone Blvd		(582)929-3586		
Norwalk, CA 90650		4c. Cell No.		
		(562)572-1731		
		4d. Fax No.		
		(562)929-3378		
		4e. e-Meil		
T. dl		Ymeltoncwa9586@aol.com		
panization) AFL-CIO	ation of which it is an affiliate of consultant	mit (to be filled in when charge is filed by a labor		
DECLARATION I declare that I have read the above charge and my knewledge and belief.	that the statements are true to the best o	Tel. No. 562929-3586		
M.	Yvonne Melton, Executive	Office, If any, Cell No.		
	Vice President	562-572-1731		
signalitre of representative or person making char	ge) Print Name and Title	Fax No. 562-929-3376		
Address: 12300 East Firestone Blvd, Norwalk, CA	90650 Date. 5/90/13	n-Meil Ymeltoncwa9586@aol.com		
	PRIVACY ACT STATEMENT	ISONMENT (U.S. CODE, TITLE 18, SECTION 100 (5)  S.C. § 151 et seg. The principal use of the intermention (s.)		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the Nutional Labor Relations Act (NLRA), 29 U.S.C. § 15) or seq. The principal use of the information is to assist the National Labor Relations Board (NLRD) in processing unfor labor practice and related proceedings or litigation. The routine uses for the information set fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information will eause the NLRB to decline to invoke its processes.

T-170 P.002/002 F-535

FORM EYEMPT LINDED 44 LISC 3513

INTERNET FORM NLRB-501 (2-09) UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-099236	2-26-13	

#### INSTRUCTIONS:

ile an original with NLRB Regional Director for the region in which the 1. FMPI OYER AC	alleged unfair labor practice occurred or is occurred. GAINST WHOM CHARGE IS BROUGHT	ng.
a. Name of Employer		b. Tel. No.
College Hospital Cerritos		(562) 924-0099
•		c. Cell No.
	,	f. Fax No.
C. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mall
10902 College Place Cerritos, CA 90703	Holly Risha, Regional Director of Human Resources	g. eavidii
		h, Number of workers employed
<ul> <li>Type of Establishment (factory, mine, wholesaler, etc.)         Hospital</li> </ul>	j. Identify principal product or service Health Care	
k. The above-named employer has engaged in and is engaging i	n unfair labor practices within the meaning of sec	tion B(a), subsections (1) and (tist
subsections) (3) of the National Labor Relations Act, and to Act, or these unfair labor practices are unfair practices affecting of	these unfair labor practices are practices affecting commerce within the meaning of the Act and the P	
Basis of the Charge (set forth a clear and concise statement of t	he facts constituting the alleged unfair labor pra	ctices)
Within the last six month immediately preceding the f	iling of this charge, the above-named em	nlover by and through its agents.
violated Section 8(a)(1) and (3) of the Act when it deni	ed Weingarten rights to, and interfered,	
and retaliated against, an employee in the exercise of	the employee's rights under the Act.	
By the above and other acts, the above-named employ the rights guaranteed in section 7 of the Act.	er has interfered with, restrained, and co	erced employees in the exercise of
		•
2. Full name of party filing charge (if labor organization, give full	name, including local name and number)	
Service Employees International Union, Un	nited Healthcare Workers-West	
4a. Address (Street and number, city, state, and ZIP code)		4b.Tel. No. (323) 734-8399
5480 Ferguson Drive Los Angeles, CA 90022		4c. Cell No. (323) 236-4917
Union Representative: Jason Capell		4d.Fax No. (323) 721-3538
		4e.e-Mail icapell@seiu-uhw.org
5. Full name of national or international labor organization of whi	ich it is an affiliate or constituent unit (to be filled i	
organization) SERVICE EMPLOYEES INTERNATIONAL UN	IION	IE CM
6. DECLARATION		Tel. No.
declare that have read the above charge and that the statements are	true to the best of my knowledge and belief.	(213) 380-2344
	lacely 1 10/hide Address	Office, if any, Cell No.
(signature of persentative or person making charge)	Jacob J. White, Attorney	
/ X /	(Print/lype name and title or office, if any)	<b>3</b> 700
	(PonVlype name and title or office, if any)	Fax No. (213) 443-5098
Weinberg, Roger & Rosenfeld Address 800 Wilshire Boulevard, Suite 1320, Los Ang	_February 26, 2013	Fax No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or lifigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, fallure to supply the Information will cause the NLRB to decline to invoke its processes.

FORM NLAB-501 (11-88)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER** 

4	FORM EXEMPT UNDER 44 U S C 3512
DO NOT WRITE	IN THIS SPACE
Case	Date Filed
21-CA-099237	2-26-13

INSTRUCTIONS:		.1 CR 033237		
File an original and 4 copies of this charge with NLRB Regional			bor practice occur	red or is occu
	GAINST WHOM CHARGE	S BROUGHT		·····
a Name of Employer			b. Number of wo	rkers employe
Hanson, LLC		!		
c Address (street, city, state, ZIP code)	d. Employer Representati	ve	e Telephone No	
PO Box 639069	Mark R. Epstein,		858/715-56	683 tel
San Diego, CA 92163	Labor Relations		858 <b>/</b> 715-56	
Type of Establishment (lactory, mine, wholesaler, etc.)	g. Identify principal produ	ict or service	<del></del>	
Mine	Aggregates			
The above-named employer has engaged in and is engaged and (list subsections) (3) (5)	iging in unfair labor practic			
and these unfair labor practices are unfair practices affecti				
Basis of the Charge (set forth a clear and concise statemen	nt of the facts constituting th	ie alleged unfair labor	practicas)	
in the exercise of their Section 7 rigion the employment of most, if not all, Loc The Employer has terminated employer	cal 12 members. loyees without not	tice to the Uni		
n opportunity to bargain over the term			ion <sup>†</sup> s evolus	= ive
Moreover, the Employer has bired			ton s exclus	2TAE
hiring hall without prior notice or an	opportunity to ba	irgain.		
				ر 201
the above and other acts, the above-named employer ha	se interfered with, restraine	id, and coerced empl	loyees in the exe	
hts guaranteed in Section 7 of the Act oil name of party liting charge (if labor organization, give ful	Il name uncluding local nam	ne and number)		TT
International Union of Operating Engine				8 2 8 2
				<u>6</u> 9
ddress (street and number, city, state, and ZIP code)		4b Tel	ephone No	~ ÷
150 East Corson Street, Pasadena, CA 9	1103	(62)	5) 792-8900	× S
	<i>-</i>	1 ,		ယ္က
ill name of national or international labor organization of a labor organization) International Union of Operating Engine		onstituent unit (lo be	filled in when ch	
	DECLARATION			
	the statements are true t	to the best of my kn	owledge and be	Hef.

WILLEID FAI OF STATEMENTS ON THE CHARGE CAN BE MINISTED BY THE CHARGE CAN BE

sphilive of person making charge) Corson So, Pasadena, CA 91103

(signature of repres

Address

(Telephone No.)

(626) 432-7389

2-26-13 (date)

Hugo A. Tzec, Attorney

(title if any)

INTERNET FORM NLRB-501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
21-CA-099301	2-27-13		

INSTRUCTIONS:

ile an original with NLRB Regional Director for the region in which the	alleged unfair labor practice occurred or is occurring BAINST WHOM CHARGE IS BROUGHT	j
a. Name of Employer	SAING! WITOM GLANGE IS BROOGHT	b. Tel. No. (562) 776-1301
Plaza de la Raza Child Development Services Inc.		
		c. Cell No. N/A
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. (562) 776-8712
8337 Telegraph Rd. Suite 300	Plaza de la Raza Child Development	g. e-Mail
Pico Rivera, Ca. 90660	Services Inc.	ncabot@pdlr.net
		h. Number of workers employed 300+
i. Type of Establishment (factory, mine, wholesaler, etc.) Private Non-Profit Head Start Agency	j. Identify principal product or service Child Care	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of sect	ion 8(a), subsections (1) and (list
subsections) •	of the National Labo	or Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization	-	fair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor pra	actices)
By failing to investigate and act in a timely manner		•
environment for employees through the use of three	-	•
willfully violated Sec. 204. [§ 174. 1-3 of the Nation	·	
employees, their representatives, and managemen		-
and maintain agreements concerning working conc not settled by conference, participate fully and pror	•	-
a settlement of the dispute.	mptry in such meetings as may be undert	laken for the purpose of alding in
a solution of the dispute.		
3. Full name of party filing charge (if labor organization, give full	Il name including local name and number	
Full name of party filing charge (if labor organization, give full American Federation of Teachers Local 1475 Early	Childhood Federation	
4a. Address (Street and number, city, state, and ZIP code)		<sup>4b. Tel. No.</sup> (818) 563-2418
2550 N. Hollywood Way Suite #400 Burbank, Ca. 91505		4c. Cell No. (562) 646-9013
		<sup>4d. Fax No.</sup> (818) 843-4662
		4e. e-Mail
*** ***********************************		lorrainezapata@hotmail.com
5. Full name of national or international labor organization of w organization) American Federation of Teachers	thich it is an affiliate or constituent unit (to be filled	in when charge is filed by a labor
C. DECLARATION	,	Tel. No.
6. DECLARATION I declare that I have read the above charge and that the statements	s are true to the best of my knowledge and belief	(818) 563-2418
9	raine Zapata, Organizer	Office, if any, Cell No. (562) 646-9013
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No. (818) 843-4662
2550 N. Hollaward May Obs. 400 Perford Co.	2/27/2013	e-Mail
2550 N. Hollywood Way Ste.400 Burbank, C	a. 91505	lorrainezapata@hotmail.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-100003	3-8-13	

me.	m		ONS:
IND	IRL	16.11	UNS:

File an original with NLRB Regional Director for the region in which the		ring.
a. Name of Employer	GAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 310-816-0610
		310-816-0610
Green Fleet Systems, LLC		c. Cell No.
		f. Fax No. 310-830-4217
d. Address (Street, city, state, and ZIP code) 20500 S. Alameda Street	e. Employer Representative Gary Mooney	g. e-Mail
Carson, CA 90221		h. Number of workers employed
<ul> <li>Type of Establishment (factory, mine, wholesaler, etc.)</li> <li>warehouse and trucking</li> </ul>	j. Identify principal product or service trucking and warehouse services	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) 8(a)(1) and 8(a)(3)	of the National La	bor Relations Act, and these unfair labor
practices are practices affecting commerce within the meanin within the meaning of the Act and the Postal Reorganization A		infair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor p	oractices)
See attached sheet		
3. Full name of party filing charge (if labor organization, give full International Brotherhood of Teamsters Port Divisio	name, including local name and number) In	
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 202-439-5343
Long Beach, CA 90807		4c. Cell No. 202-439-5343
		<sup>4d. Fax No.</sup> 562-595-1896
		4e. e-Mail
		teamster.carlos@gmail.com
<ol> <li>Full name of national or international labor organization of whiorganization)</li> <li>International Brotherhood of Teamsters</li> </ol>	ich it is an affiliate or constituent unit (to be filled	in when charge is filed by a labor?
		φ <u> </u>
6. DECLARATION I declare that I have read the above charge and that the statements a	are true to the best of my knowledge and belief.	Tel. No. 202-439-5343
by	s Santamaria / ORCANIZER	Office, if any, Cell No.
(signature of representative or person makin <del>g charge) (F</del>	Print/type name and title or office, if any)	Fax No. 562-595-1896
3888 Cherry Avenue, Long Beach, CA 90807	3-9-13	e-Mail teamster.carlos@gmail.com562-
Address	(date)	

# ATTACHMENT TO UNFAIR LABOR PRACTICE CHARGES AGAINST GREEN FLEET SYSTEMS, LLC

# Basis of the Charge

- a) Within the last six (6) months, the Employer, acting through its agents and representatives has restrained and coerced its employees in the exercise of their Section 7 rights by engaging in surveillance, and creating the impression of surveillance;
- c) Within the last six (6) months, the Employer has restrained and coerced employees by prohibiting employees from engaging in union activities in non-work areas during non-work time while allowing its agent, (b) (6), (b) (7)(C) to roam the facility during working time to engage in anti-union activities;
- d) Within the last six months, the Employer, acting through its agents and representatives, has retaliated against its employee, (b) (6), (b) (7)(C) on account of (b) (6), (b) (7)(C) union support and activities by denying (b) (6), (b) (7)(C) pay for time spent at work and at the doctor's following an on-the -job accident on (b) (6), (b) (7)(C) 2013.

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NURB-601 (2-08) UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NỘT WRITE	E IN THIS SPACE
Case	Date Filed
21-CA-100392	3-14-13

	CHARGE AGAINST EMPLOYER	21-CA-10039	3-14-
NSTRUCTIONS:			

e en original with NLRB Regional Director for the region in when 1. EMPLOY!	R AGAINST WHOM CHARGE IS BROUGHT			
Name of Employer		b. Tel. No. 951-672-4279		
'erizon California		C. Cell No. osa cos asaa		
		951-295-2520		
		f. Fax No.		
. Address (Street, city, state, and ZIP code)  2477 Haun Road	e. Employer Representative John Viereck	g, e-Mall		
fenifee, CA 92584	SOINT VIETCON	john,viereck@vertzon.com		
		h. Number of workers employed		
	Ì	Approximately 60		
Type of Establishment (factory, mine, wholesaler, etc.) elecommunications	j. Identify principal product or service Telecommunications			
The above named employer has engaged in and is engaged	aging in unfair labor practices within the meaning of s	ection 8(a), subsections (1) and (list		
subsections)	of the National La	abor Relations Act, and these unfair labor		
practices are practices affecting commerce within the mi within the meaning of the Act and the Postal Reorganiza	•	unfair practices affecting commerce		
Basis of the Charge (set forth a clear and concise state	ment of the facts constituting the alleged unfair labor	practices)		
lithin the last six (6) months Verizon manager	ment has retaliated against bargaining unit	members by forcibly changing		
neir schedules as a response to protected, co	ncerted activity by sald bargaining unit men	mbers.		
		20		
		3 OSE		
		NLRB F LOS AL 2013 HAR		
		- Fa		
		<b>*</b> 그글		
Full name of party filing charge (if labor organization of	vo full name, including local name and number)	= 50 50 50		
Full name of party filing charge (if labor organization, gi communications Workers of America, Local 9	588, AFL-CIO, CLC.	= 50		
a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 909-422-8960		
90 West 'G' Street colton, CA 92324		4c. Cell No. 951-860-8641		
		<sup>4d. Fax No.</sup> 909-824-2391		
		4e. e-Mall		
		jbrubaker9588@gmail.com		
Full name of national or international labor organization repenization)		d in when charge is filed by a labor		
Communications Workers of Ameri	ca, AFL-CIO, CLC			
6. DECLARA declare that I have read the above charge and that the states	TION trents are true to the best of my knowledge and belief.	Tel. No. 909-422-8960		
1. Cala Castilla	Office, if any, Cell No. 760-333-8867			
(algreture of representative or person making charge)	J. Carlos Castillon, President (Printrype name and title or office, if any)	Fax No. 909-824-2391		
190 West 'G' Street, Colton, CA 92324	03/14/2013	e-Mail prez9588@gmail.com		
dress	(date)	prezagoogginali.com		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to Invoke its processes.

INTERNET FORM NLRB-501

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	PORM EXEMP) GNDEN 44 Q 3 C 301
DO NOT WRITE	IN THIS SPACE
92	Date Filed
21_CX_100559	2_15_12

Ca INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 805-376-8148 a. Name of Employer Verizon Communications Inc. c. Cell No. 805-231-7129 f. Fax No. 805-376-3047 e. Employer Representative d. Address (Street, city, state, and ZIP code) Dyann Johnston g. e-Mail 3770 Industry Ave. Lakewood, CA 90712 dyann.johnston@verizon.com h. Number of workers employed 4500 1. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Telecommunications Telephone, Fiber optic, Internet k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8 (a) 1 and 8 (a) 5 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the elleged unfair labor practices) Within the past six (6) months, the above-named employer through its management representative (b) (6), (b) (7)(C) has refused to allow union representatives (b) (6), (b) (7)(C) conduct union business, with reasonable notificaation. This is in retalliation for union and/ or proteted concerted activities. Full name of party fling charge (if labor organization, give full name, including local name and number)
 Communications Workers of America Local 9586 4a Address (Street and number, city, state, and ZIP code) 4b. Tel. No. 12330 E. Firestone Blvd 4c. Cell No. 562-572-1731 Norwalk, CA 90650 4d. Fax No. 562-929-3376 4e e-Mail ymeltoncwa9586@aol.com 5. Full name of national or informational labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Communications Workers of America - AFL-CIO Tel. No. 6. DECLARATION 562-929-3586 I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. Yvonne Melton EVP 562-572-1731 (signality of representative or person making charge) (Pantitype name and title or office, if any) Fax No. 562-929-3376 a-Mall

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Givestone Blue Norwalk (49060

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ymeltoncwa9586@aol.com-

INTERNET FORM NLRB-501 (2-00)

# UNITED STATES OF AMERICA NATIONAL LABOR PELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
21-CA-100559	3-15-13

CHARGE AGAINST EMPLO	DYER	Case	1	Date Filed	
INSTRUCTIONS:		21-CA-100	559	3-15-13	
File an original with NLRB Regional Director for the region in which			ring.		
a Name of Employer	R AGAINST WHOM CHA	KRE IS BKODRHI	b. Te	I No. 805-376-8148	
Verizon Communications inc					
			c. Ce	No. 805-231-7129	)
			f. Fa)		
d Address (Street, city, state, and ZIP code)	e. Employer Represe Dyann Johnston	ntative			
3770 Industry Ave Lakewood, CA 90712	Dyann Johnston		g. e-l		
Estation, artist in			1.	nn.johnston@verizo umber of workers emplo	
			11. 140	4500	yeu
Type of Establishment (factory, mine, wholeseler, etc.) Telecommunications	j. Identify principal pro communications	oduct of service			
k. The above-named employer has engaged in and is engage		within the meaning of se	ction 8(a),	subsections (1) and (lie	if
subsections) 8 (a) 1 and 8 (a) 5 and any and all o	• • •			ons Act, and these unfal	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		ifair labor practices are u	infair pract	loss affecting commerce	•
2. Basis of the Charge (set forth a dear and concise stateme	ent of the facts constituting	the alleged unfair labor p	ractices)		
within the past six (6) months, the above named					
change by placing union representatives (b) (6)	. , , , , , ,	and (b) (6), (	b) (7)(0	inthe v	vork
schedule in retalliation for their union and /or pro	tected concerted activ	nues.		<u></u>	0,7
				013 MAR	) R
					137
				បា	
				2	1.70
				Ŧ.	ON
3 Full name of party filing charge (If labor organization, give Communications Workers of America local 9586	full name, including local n	erne and number)		ស្	.>
4a Address (Street and number, city, state, and ZIP code)	•		4b. Teí	No. 562-929-3586	F. F. SERVICE A
12330 E Firestone Blvd			4c. Cell	No. 562-572-1731	
Norwalk, CA 90650			77.5		
			40. Fax	No. 562-929-3586	
			40 e-Ma	•	
				ncwa9586@aoi.co	
Full name of national or international labor organization or organization.     Communications Workers of America		natiblent unit (to be fille)	in when o	charge is filed by a labor	r
6 DECLARATI	ON	knowledge and belief	Tel. No.	562-929-3586	
	and as a cost to life book of this	raisarisego erie petter.			
by —	vonne Melton EVP			any, Call No. 72-1731	
(signal used representative or person making charge)	(Pnnt/lype name and title or	office if any)	Fax No.	562-929-3586	
	•	3/15/13	e-Mall		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to essist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or libigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

12330 E Firestone Blvd Norwalk CA. 90650

(date)

ymeltoncwa9586@aol.com

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NURB-501 (2-08)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE						
ı	Case	Date Filed				
	21-CA-103429	4-22-13				

BTRUCTIONS:	21	-CA-103429	4-22-13
an original with NLRB Regional Director for the region in wi			
	ER AGAINST WHOM CHARGE		
Name of Employer		ь. т	el. No. 800-909-6704
Dak Harbor Freight Lines, Inc.		-ــا	
<u>-</u>		C. C	ell No.
			ex No.
. Address (Street, city, state, and ZIP code)	e. Employer Representative Steven Rael	<u> </u>	No. 11
353 S. Maple	Steven Raei	g. e	-Mail
Montebello, CA 90604			
		h. h	lumber of workers employed 70
Type of Establishment (factory, mine, wholesaler, etc.)  Transportation	j. Identify principal product Freight	or service	
. The above-named employer has engaged in and is eng	aging in unfair labor practices within	the meaning of section 8(a	), subsections (1) and (list
		of the National Labor Relat	ions Act, and these unfair labo
subsections) and (3)			
practices are practices affecting commerce within the meaning of the Act and the Postal Reorganize. Basis of the Charge (set forth a clear and concise state). Within the last six (6) months the above-name	ement of the facts constituting the all and Employer has violated the	leged unfair labor practices; Act by, among other a	cts, terminating
practices are practices affecting commerce within the maining of the Act and the Postal Reorganizar. Basis of the Charge (set forth a clear and concise state Within the last six (6) months the above-name for engaging in protected, concerted actions.	ement of the facts constituting the all ed Employer has violated the ctivities which include testifying	leged unfair labor practices) Act by, among other and in an NLRB hearing	cts, terminating (b)(6)(0)(7)
practices are practices affecting commerce within the meaning of the Act and the Postal Reorganize. Basis of the Charge (set forth a clear and concise state). Within the last six (6) months the above-name	ement of the facts constituting the all ed Employer has violated the ctivities which include testifying	leged unfair labor practices) Act by, among other and in an NLRB hearing	cts, terminating (0,0,0)
practices are practices affecting commerce within the maining of the Act and the Postal Reorganizar. Basis of the Charge (set forth a clear and concise state Within the last six (6) months the above-name for engaging in protected, concerted actions.	ement of the facts constituting the alled Employer has violated the ctivities which include testifying the full name, including local name to 63	leged unfair labor practices) Act by, among other and in an NLRB hearing	cts, terminating (IIII)
practices are practices affecting commerce within the maining of the Act and the Postal Reorganizary. Basis of the Charge (set forth a clear and concise state.) Within the last six (6) months the above-name for engaging in protected, concerted actions. Full name of party filing charge (if labor organization, cinternational Brotherhood of Teamsters Local International Brotherhood of Teamsters Local	ement of the facts constituting the alled Employer has violated the ctivities which include testifying the full name, including local name to 63	leged unfair labor practices) Act by, among other a ng in an NLRB hearing	icts, terminating (10,007)
practices are practices affecting commerce within the moviment within the meaning of the Act and the Postal Reorganizary. Basis of the Charge (set forth a clear and concise states). Basis of the Charge (set forth a clear and concise states). Within the last six (6) months the above-name for engaging in protected, concerted action. The protected in the protected of the protected	ement of the facts constituting the alled Employer has violated the ctivities which include testifying the full name, including local name to 63	leged unfair labor practices) Act by, among other ang in an NLRB hearing and number)  4b. Te	octs, terminating (1000.007)
practices are practices affecting commerce within the meaning of the Act and the Postal Reorganizary. Basis of the Charge (set forth a clear and concise state.) Within the last six (6) months the above-name for engaging in protected, concerted actions for engaging in protected, concerted actions. Full name of party filing charge (if labor organization, cinternational Brotherhood of Teamsters Local act. Address (Street and number, city, state, and ZIP code 379 W. Valley Boulevard	ement of the facts constituting the alled Employer has violated the ctivities which include testifying the full name, including local name to 63	leged unfair labor practices) Act by, among other ang in an NLRB hearing and number)  4b. Te	icts, terminating (************************************
practices are practices affecting commerce within the meaning of the Act and the Postal Reorganizary. Basis of the Charge (set forth a clear and concise state.) Within the last six (6) months the above-name for engaging in protected, concerted actions for engaging in protected, concerted actions. Full name of party filing charge (if labor organization, cinternational Brotherhood of Teamsters Local act. Address (Street and number, city, state, and ZIP code 379 W. Valley Boulevard	ement of the facts constituting the alled Employer has violated the ctivities which include testifying the full name, including local name to 63	leged unfair labor practices) Act by, among other ang in an NLRB hearing and number)  4b. Te	il. No. 909-877-4760

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filing organization) International Brotherhood of Teamsters Tel. No. 6. DECLARATION 326 e and that the statements are true to the best of my knowledge and belief. I declare that Office, If any, Cell No. Amanda Lively representative or person making charge) (Printitype name and title or office, if any) Fax No. 818-5055306 e-Mail 4/22/13 16501 Ventura Blvd., #304, Encino, CA 92376 alively@wkpyc.com (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-501 (D9-57)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FDRM	EXEMPT UNDER 42 U.S.C. 3512
DO NOT WRITE	IN THIS SPACE
Case	Date Filed
21-CA-103748	4-24-13

INST	ERL	ICT	ľ	NS

File an original together with four copies and a copy for each additional charged party in item 1 with NLRB Regional Director for the region in which the alleged unfaur labor practice occurred or is occurring

unfair labor practice occurred or is occurring.	WHOM CHARGE IS BROUGHT	
a. Name of Employer	WITOM CHARGE IS BROUGHT	b. Number of workers employed
IHHI - Western Medical Center - Anahiem	:	250+
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
•	John Abernatha	714-953-3652
1025 S. Anaheim Blvd., Anaheim, CA 92805		Fax No.
1025 S. Faillian Divas, Failancin, Cr. 72005		714-953-3384
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	L
Medical Center	Healthcare Services	
h. The above-named employer has engaged in and is engaging in unfa	r labor practices within the meaning of	
subsections) 8(a)(3)		and these unfair labor practices are
practices affecting commerce within the meaning of the Act, or these un of the Act and the Postal Reorganization Act.	fair labor practices are unfair practices	s affecting commerce within the meaning
Basis of the Charge (set forth a clear and concise statement of the factors)	icts constituting the alleged unfair labor	or practices)
Within the last six months immediately preceding the	filing of this charge the abo	ve-named employer, by and
· · · · · ·	<b>-</b>	
through its agents, violated Sections 8(a)(1) and 8(a)(		minated against and retainated
against a Union supporter for engaging in protected, of	concerted Union activity.	
•		
By the above and other acts, the above-named employer has interfer	ered with, restrained, and coerced e	imployees in the exercise of the rights
guaranteed in Section 7 of the Act.	induding land and a second	
3. Full name of party filing charge (if labor organization, give full name,	псиотод юсат пате алд литрег)	
SEIU United Healthcare Workers - West  4a Address (street and number, city, state and ZIP code)		4b. Telephone No.
5480 Ferguson Drive, Los Angeles, CA 90022		(323) 734-8399
		Fax No. (323) 721-3538
5. Full name of national or international labor organization of which it is	on offiliate or constituent unit the he fil	
by a labor organization)	an annate of constituent time (to be fit	iso iii wiisii chalge is liieu
Service Employees International Union		
	CLARATION	-
I declare that I have read the above charge and that the		y knowledge and bellef
$\bowtie$ $A : L : O$	$\circ$	<b>≡</b>
Druce Hittarlane	√ Brit	ice A. Harland, Attorner
(signature of representative or person making charge)		ype name and title or office. If any
		<b>2</b> 62
Acoress 1001 Marina Village Pkwy., Ste. 200 Alameda.	CA 94501 (Fax) (510) 33	7-1023
The state of the s		
	(510) 337	
WILLEUL FALSE STATEMENTS ON THIS CHARGE CAN BE DUNIS	(Telephone	NO.)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLEDS, SECTION 100"

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of this information is to assist the National Labor Relations Board (NLRB) in processing unfor labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

PAGE 03/05

INTERNET FORM NERB-501 (2-0.8)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

15103371023

CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE	IN THIS SPACE
21-CA-104038	Date Filed 4-29-13

I	N	S	Т	R	п	$C^{1}$	ri	O	NS:
ı				•	•		, ,	•	ING.

FMPLOVER A	GAINST WHOM CHARGE IS BROUGH	
a. Name of employer	GAINST WHOM CHARGE IS BROUGH	b, Tel. No. (562) 634-9534
Telegram Communication (La Cara)	c. Cell No.	
Telecare Corporation (La Casa)		C. Cell No.
d. Address (Street, city, state and ZIP ende)	c; Employer Representative	f, Fax No.
6060 Paramount Boulevard	Lisa Steele	g. c-Mail
Long Beach, CA 90805		Number of workers employed
i Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	II. Promose of workers employed
Psychiatric facility	Psychiatric services	
		and S(a) (5) and S(a)(5) and
K The above-named employer has engaged in and is engaging National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning	es are practices affecting commerce within the mean	
<ol><li>Basis of the Charge (set forth a clear and concis</li></ol>	e statement of the facts constituting the all	eged unfair labor practices)
Within the last six months immediately	preceding the filing of this charge,	the above-named Employer
by and through its officers and/or agents		
unilaterally changed its process and prac-		
3. Full name of the party filing charge (if labor organization, g	ive full name including local name and number)	
SEIU United Healthcare Workers - West		
4a. Address (Street and number, city, state and ZIP code)		4b. Tel. No. (323) 346-5691
5480 Ferguson Drive,		4c. Cell No.
Los Angeles, CA 90022		
		4d, Fax No. (323) 721-3538
		4e. c-Mail
<ol> <li>Full name of the national or international labor organization organization)</li> </ol>	of which it is an affiliate or constituent unit (to be fi	lied in when charge is filed by a labor
Service Employees International Union	6. DECLARATION	
	6. DECLARATION	
I declare that I have read the above charge and that the statements a	are true to the best of my knowledge and helief	Tel No. (510) 337-1001
0		Office, if any, Cell No.
By Brue A. Harland	Bruce A. Harland	Fax No. (510) 337-1023
(signature of representative or person making charge)	(Print/type name and title or office, if any)	e-Mail:
		bharland@unioncounsel.net
Address 1001 Marina Village Parkway, Suite 200		
Alameda, CA 94051	April 29, 2013	
	(date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

WEINBERG ET AL

PAGE 03/03

INTERNET UNITED STATES OF AMERICA
FORM NURB-501
(2-08) UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

# INSTRUCTIONS:

File an original with NLRH Regional Director for the region in which		ng
I. EMPLOYER AGA	INST WHOM CHARGE IS BROUGHT	
a. Name of employer		b. Tel. No. (562) 634-9534
Telecare Corporation (La Casa)		c. Cell No.
d. Address (Street, city, state and 71P code)	c: Employer Representative	f, Fax No.
6060 Paramount Boulevard	Lisa Steele	g c-Mail
Long Beach, CA 90805		h. Number of workers employed
i Type of Establishment (factory, mine, wholesaler, etc.)	j, Identify principal product or service	
Psychiatric facility	Psychiatric services	
b. The above-named employer has engaged in and is engaging in t	infair labor practices within the meaning of section 8(	a), subsections (1) 8(a)(3) and
8(a)(5) of the National Labor Relations Act, and these unfair i	abor practices are practices affecting commerce within	n the meaning of the Act, or these unfair
labor practices are unfair practices affecting commerce within the		
2. Basis of the Charge (set forth a clear and concise st		
2. Basis of the Charge (set forth a clear and concise si	tatement of the facts constituting the arreger	Julian Root practices
Within the last six months immediately proceed	ling the filing of this charge, the above-	named Employer by and
through its officers and/or agents has violated	Sections 8(a)(1), 8(a)(3) and 8(a)(5) of	the Act when it suspended a
bargaining unit member because of their Unio	n activity, and provided no notice to the	Union of the discipline.
3. Full name of the party filing charge (if labor organization, give	full name including local name and number)	
SEIU United Healthcare Workers - West		
4a. Address (Street and number, city, state and ZIP code)		4b. Tel. No. (323) 346-5691
5480 Ferguson Drive,		4c, Cell No.
Los Angeles, CA 90022		
-		4d. Fax No. (323) 721-3538
		4c. c-Mail
<ol> <li>Full name of the national or international labor organization of organization)</li> <li>Service Employees International Union</li> </ol>	which it is an affiliate or constituent unit (10 de 11)1ed i	n when charge is filed by a labor
	. DECLARATION	
I declare that I have read the above charge and that the statements are	mue to the best of my knowledge and belief	Tel No. (510) 337-1001
7 11.0		Office, if any. Cell No.
By Brue Attorland	Bruce A. Harland	Fax No. (510) 337-1023
(signature of representative or person making charge)	(Print/type name and title or office, if any)	c-Mail: bharland@unioncounsel.net
Address 1001 Marina Village Parkway, Suite 200		
Alameda, CA 94051	May 6, 2013	
	(date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1901)

# PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed, Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

CORM EXCHANT UNDER ALLER OF SCIO

INTERNET FORM NURB-501 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORMI EXEMPT ORDER 44 U.S.C 3312
DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-CA-104958	5-10-13

NSTRI	JCTIONS:
-------	----------

File an original with NLRB Regional Director for the region in which the	e Blieged unfair labor practice occurred or la occurring SAINST WHOM CHARGE IS BROUGHT	<u> </u>
a. Name of Employer		b. Tel. No. (714) 619-9700
UNIVERSAL PROTECTION SERVICE (UPS)		c. Cell No.
		C. Cell No.
	e. Employer Representative	f. Fax No. (714) 619-9755
C. Address (Street, city, state, and ZIP code)		g. e-Mail
1551 N. Tustin Avenue, Suite 650 Santa Ana, CA 92705	Paula Malone Vice President of Human Resources	
		h. Number of workers employed 20+
Type of Establishment (factory, mine, wholesaler, etc.)     Security	j. Identify principal product or service Security	
k. The above-named employer has engaged in and is engaging is ubsections) (5) of the National Labor Relations Act, and these these unfair labor practices are unfair practices affecting commer	unfair labor practices are practices affecting comm	erce within the meaning of the Act, or
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor pi	ractices)
Within the last six months immediately preceding the violated Sections 8(a)(1) and (5) of the Act by 1) discrand, 2) bargaining in bad faith, or refusing to furnish member	riminating against SEIU(b) (6), (b) (7)(C)	for union activity:
By the above and other acts, the above-named empk of the rights-guaranteed in Section 7 of the Act.	oyer has interfered with, restrained, and c	oerced employees in the exercise
3. Full name of party filing charge (if labor organization, give full	I name, including local name and number)	
SEIU, United Service Workers - West		
4a. Address (Street and number, city, state, and ZIP code)		4b.Tel. No. (213) 284-7705, Ext. 3810
828 Washington Boulevard Los Angeles, CA 90015		4c, Cell No. (310) 213-4236
		4d.Fax No. (213) 284-7725
Union Representative: Ada Camacho		4e.e-Mail ada.camacho@seiu-usww.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor		
organization) Service Employees International Union, CTW, CLC		
DECLARATION I declare that I have read the above charge and that the statements are		Tel. No. (213) 380-2344
Manies (SU24/20	Monica Guizar, Attorney	Office, if any. Cell Mo
(signature of representative or person making charge)	(Print/typc name and title or office, if any)	Fax No.
Mainham Dagar 9 Dagarfaid	1610 0010	(213) 43-5098 e-Mail
Weinberg, Roger & Rosenfeld  Address 800 Wilshire Boulevard, Suite 1320, Los Ang	May 10, 2013 geles, CA 90017 (dato)	mguizar@unioncounsel.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# FORM NLRB-501

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# CHARGE AGAINST EMPLOYER

. FURIVI EX	ENIPT UNDER 44 0.5.C. 3512
DO NOT WRITE	IN THIS SPACE
Case 21-CA-105319	Date Filed 5/16/2013

INSTRUCTIONS

the region in which the alleged unfair labor practice occurr		
	GAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer VANCE & HINES		b. Number of workers employed 150 +
c Address (street, city, state, ZIP code) 13861 Rosecrans Avenue Santa Fe Springs, CA 90670	d Employer Representative John Parks, Plant Manager	e. Telephone No Ph: (562) 921-7461 Fax: (562) 802-0110
f Type of Establishment (factory, mine, wholesaler, etc.) Manufacturer and distributor	g. Identify principal product or se Motorcycle accessories	rvice
h. The above-named employer has engaged in and is engagin subsection(s) (1) and (3) of the National Labor Relations Araffecting commerce within the meaning of the Act.  2. Basis of the Charge (set forth a clear and concise statement Within the past 6-month period, the above-named Empother employees, in retaliation for engaging in union actions.	ct, and these unfair labor practices are unfair it of the facts constituting the alleged unfair la loyer laid-off employees (b) (6), (b) (7)(C)	practices  abor practices)  (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) and
By the above and other acts, the above-named employed the rights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give for the section 2 organization).		perced employees in the exercise of
Teamsters District Council No. 2		
4a. Address (street and number, city, state and ZIP code) 710 E. Commonwealth Avenue Fullerton, CA 92831-3842		4b Telephone No. Ph: (714) 447-3382 (800) 4793382
Full name of national or international labor organization of by a labor organization.  International Brotherhood of Teamsters		e filled in when charge is file AY 16
By	Title	<b>=</b> 3.3
Address 710 E. Commonwealth Ave. Fullerton, CA 92831	Telephone No Ph: (714) 504-0179	Date 5/16/2013

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case Date Filed

21-CA-105401 5-17-13

INSTRUCTIONS:

By:

charge)

20036

(signature of representative or person making

Address: P.O. Box 66538 Washington, DC

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer b. Tel. No. (562) 801-2413 Wal-Mart Stores, Inc. c. Cell No. d. Address (street, city, state ZIP code) e. Employer Representative f. Fax No. 8500 Washington Blvd g. e-Mail Pico Rivera, CA 90660 h. Dispute Location (City and State) Pico Rivera, CA k. Number of workers at dispute location i. Type of Establishment (factory, nursing home, j. Principal Product or Service hotel) Retail General merchandise and groceries Approximately 250 1. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization A-ct-Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On or about (b) (6), (b) (7)(C) 2012, Walmart unlawfully retaliated against workers who engaged in protected activity by disciplining them for striking. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) The Organization United for Respect at Walmart (OUR Walmart) 4a. Address (street and number, city, state, and ZIP code) 4b. Tel. No. (888) 957-3773 P.O. Box 66538 4c. Cell No. Washington, D.C. 20036-6536 4d. Fax No. 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION Tel. No. I declare that I have read the above charge and that the statements (202) 466-1539 are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Date: May 17, 2013

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The protincials is for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Joey Hipolito, Counsel

Print Name and Title

NTBB EEL.

Office, if any, Cell No.

Fax No. (202) 728-1803

jhipolito@ufcw.org

e-Mail

INTERNET FORM NLRB-501 (2-06)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Cese	Date Filed
21-CA-105597	5-21-13

INSTRUCTIONS:

	1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT     a. Name of Employer	
MedReach Ambulance		c. Cell No.
		f. Fax No. 3108685373
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	
1303 Kona Dr.	Kamran Mirrafati	g. e-Mail
Rencho Dominguez, Ca. 90220	2029 Century Park East, Ste 3500	
	Los Angeles, Ca. 90067	h. Number of workers employed 5 Union 70+/- Non Union
Type of Establishment (factory, mine, wholesaler, etc.)     Ambulance Medical Transport	Identify principal product or service     Transportation of Medical Patients	'
k. The above-named employer has engaged in and is engage subsections) 8(a)(3 and 5)		
,		bor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganizati		Intair practices affecting commerce
Basis of the Charge (set forth e cleer end concise statem) MedReach Ambulance Paramedics were certifie	ent of the facts constituting the alleged unfair lebor p	redices)
for negotiations. The week of Feb. 11th the comp		
proposal in hand the company stated they had s	_	
union employees in the Medic divison for financi	-	
under the non union division. The company layer		•
lower level, non union employees which deplete		
bargaining". Coercion, Discrimination and intimid		
in discriminatory and improper conduct in violation		-
against employees concerted and protected acti		
chilling effect on the workforce and hampered er	mployees free exercise of concerted and p	
<ol><li>Full name of party filing charge (if labor organization, give</li></ol>		protected activity.
		protected activity.
Shelly Hudelson, NAGE National Labor Represe	full name, including local name and number)	
Shelly Hudelson, NAGE National Labor Represe	full name, including local name and number)	4b. Tel. No. 6173760220
4a. Address (Street and number, city, state, and ZIP code) 159 Burgin Parkway	full name, including local name and number)	
4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. 6173760220
4a. Address (Street and number, city, state, and ZIP code) 159 Burgin Parkway	full name, including local name and number)	4b. Tel. No. 6173760220 4c. Cell No. 6192405573
4a. Address (Street and number, city, state, and ZIP code) 159 Burgin Parkway	full name, including local name and number)	4b. Tel. No. 6173760220 4c. Cell No. 6192405573 4d. Fax No. 6173760285
4a. Address (Street and number, city, state, and ZIP code) 159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization of	e full name, including local name and number) sontative	4b. Tel. No. 6173760220 4c. Cell No. 6192405573 4d. Fax No. 6173760285 4e. e-Mall shudelson@nage.org
4a. Address (Street and number, city, state, and ZIP code) 159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization)	e full name, including local name and number) softative  of which it is an affiliate or constituent unit (to be filled	4b. Tel. No. 6173760220 4c. Cell No. 6192405573 4d. Fax No. 6173760285 4e. e-Mall shudelson@nage.org
4a. Address (Street and number, city, state, and ZIP code)  159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization) National Association of Government	e full name, including local name and number) sontative  of which it is an affiliate or constituent unit (to be filled  Employees	4b. Tel. No. 6173760220  4c. Cell No. 6192405573  4d. Fax No. 6173760285  4e. e-Mall shudelson@nage.org
4a. Address (Street and number, city, state, and ZIP code)  159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization) National Association of Government  8. DECLARAT	e full name, including local name and number) softative  of which it is an affiliate or constituent unit (to be filled  Employees	4b. Tel. No. 6173760220 4c. Cell No. 6192405573 4d. Fax No. 6173760285 4e. e-Mall shudelson@nage.org
4a. Address (Street and number, city, state, and ZIP code)  159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization) National Association of Government	e full name, including local name and number) softative  of which it is an affiliate or constituent unit (to be filled  Employees	4b. Tel. No. 6173760220  4c. Cell No. 6192405573  4d. Fax No. 6173760285  4e. e-Mall shudelson@nage.org d in when charge is filed by a lebor  Tel. No. 6192405572
4a. Address (Street and number, city, state, and ZIP code)  159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization) National Association of Government 6. DECLARAT I declare that I have read the above charge and that the statement	e full name, including local name and number) softative  of which it is an affiliate or constituent unit (to be filled  Employees	4b. Tel. No. 6173760220  4c. Cell No. 6192405573  4d. Fax No. 6173760285  4e. e-Mall shudelson@nage.org
4a. Address (Street and number, city, state, and ZIP code)  159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization) National Association of Government  8. DECLARAT I declare that I have read the above charge and that the statement	e full name, including local name and number) softative  of which it is an affiliate or constituent unit (to be filled  Employees  ION ents are true to the best of my knowledge and belief.	4b. Tel. No. 6173760220  4c. Cell No. 6192405573  4d. Fax No. 6173760285  4e. e-Mall shudelson@nage.org din when charge is filed by a labor  Tel. No. 619240557
4a. Address (Street and number, city, state, and ZIP code)  159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization) National Association of Government I declare that I have read the above charge and that the statement	e full name, including local name and number) Entative  of which it is an affiliate or constituent unit (to be filled Employees  ION ents are true to the best of my knowledge and belief.  Rachelle Hudelosn NAGE Labor Rep.	4b. Tel. No. 6173760220  4c. Cell No. 6192405573  4d. Fax No. 6173760285  4e. e-Mall shudelson@nage.org d in when charge is filed by a lebor  Tel. No. 6192405572
4a. Address (Street and number, city, state, and ZIP code)  159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization) National Association of Government I declare that I have read the above charge and that the statement	e full name, including local name and number) Entative  of which it is an affiliate or constituent unit (to be filled  Employees  ION ents are true to the best of my knowledge and belief.  Rachelle Hudelosh NAGE Labor Rep.  (Print/type name and title or office, if any)	4b. Tel. No. 6173760220  4c. Cell No. 6192405573  4d. Fax No. 6173760285  4e. e-Mail shudelson@nage.org  d in when charge is filed by a labor  Tel. No. 6192405572  Office, if any, Cell No. 2007
4a. Address (Street and number, city, state, and ZIP code)  159 Burgin Parkway Quincy, MA 02169  5. Full name of national or international labor organization organization) National Association of Government I declare that I have read the above charge and that the statement	e full name, including local name and number) Entative  of which it is an affiliate or constituent unit (to be filled Employees  ION ents are true to the best of my knowledge and belief.  Rachelle Hudelosn NAGE Labor Rep.	4b. Tel. No. 6173760220  4c. Cell No. 6192405573  4d. Fax No. 6173760285  4e. e-Mall shudelson@nage.org  d in when charge is filed by a labor  Tel. No. 6192405572  Office, if any, Cell No. Cel

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register. 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Form NLRB - 501 (2-DB)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case Date Filed	
21-CA-105806	5-23-13

INSTRUCTIONS:

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. (562) 531-8240 a. Name of Employer Wal-Mart Stores, Inc. c. Cell No. d. Address (street, city, state ZIP code) f. Fax No. a. Employer Representative 14501 Lakewood Blvd. g. e-Mail Paramount, CA 90723 h. Dispute Location (City and State) Store #2110 Paramount, CA i. Type of Establishment (factory, nursing home, I. Principal Product or Service k. Number of workers at dispute location hotel) General merchandise and groceries Approx. Retail 1. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On about (0.6) (b) (7)(C) due to (0.6) support for and activities on behalf of OUR Walmart. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) The Organization United for Respect at Walmart (OUR Walmart) 4a. Address (street and number, city, state, and ZIP code) 4b. Tel. No. (888) 957-3773 P.O. Box 66538 4c. Cell No. Washington, D.C. 20036-6536 4d. Fax No. 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION Tel. No. I declare that I have read the above charge and that the statements (202) 466-1521 are true to the best of my knowledge and belief. Office, if any, Cell N Deborah Gaydos, Counsel (signature of representative or person making Print Name and Title Fax No. (202) 728 charge) Address: P.O. Box 66538 Washington, DC Date: May 23, 2013 e-Mail dgaydos@ufcw.org 20036 WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the Netional Labor Relations Act (NLRA), 29 U.S.C. § 151 st seq. The principal use of the information is to assist the Netional Labor Relations Relations or literature. The principal uses for the information are fully.

assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1-52,3716728

INTERNET FORM NURB-501 (2-08)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-CA-105830	5-23-13

INSTRUCTIONS:

ile an original with NLRB Regional Director for the region in which	h the alleged unfair labor practice occurred or is occu R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	THE	b. Tel. No. 800-900-9478x1250
Purple Communications		Coll No.
		c. Cell No. 951-741-9789
Address (Shoot and area and 7/5 and a)	e. Employer Representative	f. Fax No. 951-277-7480
d. Address (Street, city, state, and ZIP code) 4160 Temescal Canyon Road, Suite 201	Sam Farley	g. e-Mail
Corona, CA 92883		sam.farley@purple.us
		h. Number of workers employed aprx.30
Type of Establishment (factory, mine, wholesaler, etc.) Call Center	j. Identify principal product or service Video Relay Service for deaf and ha	ard of hearing users
k. The above-named employer has engaged in and is engaged subsections; 3,4, and all other relevant sections practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization.	of the National L ining of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor
3 Full name of party filing charge <i>(if labor organization, give</i> Communications Workers of America, Local 3952	full name, including local name and number) 21	111 R5 REG LOS AMGEI 2013 HAY 23
	full name, including local name and number) 21	76ELES 23 PH
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number) 21	23 P F 4500 N 916-923-4500 N
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number) 21	76E1.E8
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number) 21	4b. Tel. No. 916-921-4500 2 4c. Cell No. 916-325-5591
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number) 21	23 P SOUND 916-923-4500 2
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number) 21	4b. Tel. No. 916-921-4500 2 4c. Cell No. 916-921-4559
a. Address (Street and number, city, state, and ZIP code) 2804 Gateway Oaks Drive, Suite 150 Sacramento, CA 95833	which it is an affiliate or constituent unit (to be fille	4b. Tel. No. 916-921-4500 \( \text{Vol. Cell No.} \) 916-921-4559  4c. Cell No. 916-921-4559  4e. e-Mail pbasudev@cwa-union.org
And Address (Street and number, city, state, and ZIP code) 2804 Gateway Oaks Drive, Suite 150 5 Sacramento, CA 95833 5 Full name of national or international labor organization of organization) 6 DECLARATIO	which it is an affiliate or constituent unit <i>(to be fille</i> , AFL-CIO	4b. Tel. No. 916-921-4500 73  4c. Cell No. 916-921-4559  4d. Fax No. 916-921-4559  4e. e-Mail pbasudev@cwa-union.org
Read Address (Street and number, city, state, and ZIP code) Read Gateway Oaks Drive, Suite 150 Sacramento, CA 95833  Full name of national or international labor organization of organization) Communications Workers of America  Government of Declaration of Decla	which it is an affiliate or constituent unit <i>(to be fille</i> , AFL-CIO	4b. Tel. No. 916-921-4500 \( \text{Vol. Cell No.} \) 916-921-4559  4c. Cell No. 916-921-4559  4d. Fax No. 916-921-4559  4e. e-Mail pbasudev@cwa-union.org  ed in when charge is filed by a labor  Tel. No.
2804 Gateway Oaks Drive, Suite 150 Sacramento, CA 95833  5. Full name of national or international labor organization of organization)  Communications Workers of America  1 declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit <i>(to be fille</i> , AFL-CIO DN ats are true to the best of my knowledge and belief.	4b. Tel. No. 916-921-4500 Ac. Cell No. 916-921-4559  4c. Cell No. 916-921-4559  4e. e-Mail phasudev@cwa-union.org  ed in when charge is filed by a labor  Tel. No. 916-335-5591  Office, if any, Cell No.
Read Address (Street and number, city, state, and ZIP code) Read Gateway Oaks Drive, Suite 150 Sacramento, CA 95833  Full name of national or international labor organization of organization) Communications Workers of America	which it is an affiliate or constituent unit (to be fille , AFL-CIO ON of a sare true to the best of my knowledge and belief. a Basudev (Pnnt/type name and title or office, if any)	4b. Tel. No. 916-921-4500 \( \text{Ab. Tel. No. } \) 916-921-4559  4c. Cell No. 916-921-4559  4e. e-Mail pbasudev@cwa-union.org  ed in when charge is filed by a labor  Tel. No. 916-335-5591  Office, if any, Cell No. 916-335-5591

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Form NLRB - 501 (2-08)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

21-CA-106281 May 31, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BROU	
a. Name of Employer MP Technologies, LLC		b. Tel. No. (320)963-2499
d. Address (street, city, state ZIP code) 500 COUNTY ROAD 7 NW, MAPLE LAKE, MN 55358-2611	e. Employer Representative  Corey Wolf  Superintendent/Project Manager	c Cell No. f. Fax No. (320)963-2438 g. e-Mail
		h. Dispute Location (City and State)  Calexico, CA
i. Type of Establishment (factory, nursing home, hotel) solar panel installation	j. Principal Product or Service  solar panel installation	k Number of workers at dispute location 100
and (b) (6), (b) (7)(C) discharged concerted activity of asking for water	re-named Employer, by its agents, offind the employee (b) (6), (b) (7)(C) become, ice, and shade at work site in Callion, give full name, including local name and numbers.	ause engaged in the protected elexico, California.
(b) (6), (b) (7)(C)	anon, give real statile, including local hards and statil	201)
4a. Address (street and number, city, state, and ZI	P code)	4b. Tel. No.
(b) (6), (b) (7)(C)		4c, Cell No. (b) (6), (b) (7)(C) 4d. Fax No
		4e. e-Mail (b) (6), (b) (7)(C)
<ol> <li>Full name of national or international labor organization)</li> </ol>	nization of which it is an affiliate or constituent unit	(to be filled in when charge is filed by a labor
DECLARATION     I declare that I have read the above charge a     my knowledge and belief.	nd that the statements are true to the best of	Tel. No
<sub>By:</sub> (b) (6), (b) (7)(0	(b) (6), (b) (7)(C)	Office, if any, Cell No. (b) (6), (b) (7)(C)
(signature or representative or person making c		Fax No
Address:	Date. 05-31-13	e-Mail
(b) (6), (b) (7)(C)	117-31-13	(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

TS:4 H9 18 YAHEIOS

LOS ATTESLES, CA

MTERMET FORM MARBAIL (N. 03)

DO NOT WRITE	IN THIS SPACE
Cast	Cafe Filed
21-CA-106512	6-3-13

INSTRUCTIONS:	21-CA-10	6512 6-3-13
File 4.a origina) with NLRB Regional Director for the region is which		
a Name of Employer	AGAINST VINION CHARGE IS BROUGH	
	•	b. Tel No. (951) 687-0013
: UNF West, Inc., arkira United.Natural Foods, Inc.		C Cel Ho.
d. Address (Street oily, state, and ZiP code)	e. Employer Perpresentative	1. Fax No. (951) 563-2359
and the second	John O.	g. e-Mail
22150 Goldencrest Drive	John Owens	1
Moreno Valley, CA 92253		h. Number of workers amployed 250+
i. Type of Establishmanl(factory, mine, wholester, etc.) Vyholestater	j dentify principal product or service Food	
k. The above-named employer has one aged in and is engagin	gin untair labor precices within the meaning of	extion 6(a), subsections (1) and (fix)
ചർജന്തവു (3) and (4)		Labor Relations Act, and these unfeir labor
practices are practices affecting comments within the mean within the meaning of the Act and the Postal Reorganization	•	न्यार्थको सम्बद्धीत्यङ दाविद्यान्ति द्वारामान्यस्य
2. Basis of the Charge (Set Sorth a deer and concise statemen	t of the fection constituting the alteged entire boto	r practices)
3. Full name of party filing change (*/sòcr organization, give & Teamsters, Chauffeurs, Warahousemen, Industria	frame, activing local name and number)	168 International Protherbood of
Teamsters		
4a. Address (Street and romater, city, state, and ZIP code)		4b. Tel. No. (909) 877-8326
18597 Valley Boulevard		4c. Cel No.
Bloomington, CA 92316		4d. Fex No. (909) 877-2812
		40. 0-1021
5. Puliname of national or international labor organization of w organization) International Brotherhood of Teamsters	·	d in when charge is filed by a labor
6. DECLARATION I declare that I have read the above charge and that they sharrould		Tel. No. (213) 386-3860
	aru Sheh, Altorney	Citte, if any, Cell No.
(Spendure of representative or personnanting Charge)	(Friting thing successing a constant in each	Fax No. (213) 388-5583
3550 Wilshire Elyd., Sulta 2000, Los Angeles	, CA 90010 June 3, 2013	u-Mail

VILLEUL FALSE STATEMENTS ON THIS CHARGE CAN BE PURISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE III, SECTION 1901)
PRIVACY ACT STATEMENT

Solidation of the information on this form is authorized by the Kelonal Labou Relations Act (NLRA), 29 U.S.C. § 151 or sep. The principal use of the information is to assist the National Labour Relations Board (NLRB) in processing unfair labour practice and related proceedings or Experion. The norther uses for the information are fully set forth in the Fadaral Register, 71 Fed. Reg. 14942-43 (Dec. 13, 2006). The NLRB will further explain those uses upon request. Disclosure of this information for the NLRB is northern, believe to expely the information will cause the NLRB to death to invoke the processes.

2013 JUN -3 PH 2: 43

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08) UMFED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
21-CA-106573	6-5-13

HIGHER	1~~	-240
INSTRI		Ures:

ile an original with NLRB Regional/Blantor for the region in which	the alleged unfair labor practice occurred or is occur AGAINST WHOM CHARGE IS BROUGHT	ing.
a. Name of Employer Pornona College (Dining Services)	AGAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 909-621-8132
		c. Cell No. 213-435-9922
d. Address (Street, city, state, ged ZIP code) Alexander Hall - Room 2 10	e. Employer Representative	f. Fax No.
550 College Way	Karen Sisson.	g. e-Mall
Claremont, CA 91711	Vice President and Treasurer	karen.sisson@pomona.edu
·		h. Number of workers employed 84
i. Type of Establishment (factory, mine, wholesaler, etc.) Food Service	j. Identify principal product or service Food service	
k. The above-named employer has engaged in and is engaging subsections) (3)  practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization.	of the National La	bor Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statemen	nt of the facts constituting the alleged unfair labor p	ovastices)
Within the past six months, the above-named emdisciplined employee (b) (6), (b) (7)(C) in retaliation		
(b) (b), (b) (1)(b)	Tion and Children support and participation	in protected, concerted seavity.
3. Full name of party filing charge (if labor organization, give	full name, including local name and number)	
UNITE HERE Local 11		
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 213-481-8530 x266
464 S. Lucas Ave Ste. 201		
Los Angeles, CA 90017		4c. Cell No. 213-804-6751
		4d. Fax No. 213-481-0352
		4e. e-Mail
		ribrown66@abcglabet net
<ol> <li>Full name of national or international labor organization of organization) UNITE HERE</li> </ol>	which it is an affiliate or constituent unit (to be filled	d in when charge is filed by alaber
6. DECLARATIO	DN .	Tel. No.
I declare that have reed the above charge and that the statemen	its are true to the best of my knowledge and belief.	213-481-8530 x266
·	bin Rodriguez, Organizing Director	Office, if any, Cell No. 213-804-6751
(signature or epidentic projection making charge)	(Print/type name and title or office, if any)	Fax No. 213-481-0352
/		e-Mail
Address 464 S. Lucas Ave - Ste 201, Los Angeles, (	CA 91711 6/3/13	rlbrown66@sbcglebal.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SEGTION 1801)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are tuily set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# **CHARGE AGAINST EMPLOYER**

1 OTAM EXE	VII 1 ONDER 44 0 0 0 0012
DO NOT WRITE	IN THIS SPACE
Case 21-CA-106606	Date Filed 6/5/2013

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for

the region in which the alleged unfair labor practice occurred or is o			
	WHOM CHARGE IS BROUGHT		
Name of Employer		b. Number of workers employed	
ROY E. HANSON JR. MANUFACTURING		40 +	
Address (street all states 7/D and a)	d Farabase Brown data	Talanta and Na	
c Address (street, city, state, ZIP code)		e. Telephone No.	
1600E. Washington Boulevard	I .	Ph: (213) 747-7514	
Los Angeles, CA 90021	Superintendent	Fax: (213) 747-7724	
f Type of Establishment (factory, mine, wholesaler, etc.)	g Identify principal product or service		
Manufacturer and distributor	Pressurized tanks		
<ul> <li>h. The above-named employer has engaged in and is engaging in unfair subsection(s) (1), (3) and (5) of the National Labor Relations Act, and affecting commerce within the meaning of the Act.</li> <li>2. Basis of the Charge (set forth a clear and concise statement of the fa</li> </ul>	d these unfair labor practices are unfair	practices	
Within the past 6-month period, the above-named Employer laid engaging in union and/or protected concerted activities. Moreo unilaterally changed employees terms and conditions of employ first bargaining with the Union.	ver, within that same time period, t	he above-named Employer	
By the above and other acts, the above-named employer has int the rights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full name, Western States Independent National Union		ed employees in the exercise of	
4a. Address (street and number, city, state and ZIP code)		dh. Talanhana Na	
P.O. Box 1114		4b. Telephone No.	
Covina, CA 91722		Ph: (323) 335-8042	
Covina, CA 91722		Fax:(626) 332-1654	
Full name of national or international labor organization of which it is by a labor organization.  N/A	an affiliate or constituent unit (to be fille	d in when charge is filed	
6. DECLARATION			
I declare that I have read the above charge and that the	e statements are true to the best of my	knowledge and belief.	
By Wesley I. Sugardo Signature of epresentative of person making charge: Wesley S. Guajai	Title N	Jational President	
Address	Telephone No	Serial MA 3- KUL ELOS	
P.O. Box 1114	Ph: (323) 335-8042	03.06/05/13	
Covina, CA 91722		40.47 EVIV 50	

INTERNET FORM NLRB-501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 9512

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-106715	6-6-13	

NSTRUCTIONS: The an original with NLRB Regional Director for the region in which the alleged unfair labor		-CA-10671	5	6-6-13
		coursed or is occurri	ng.	10/20/20
	R AGAINST WHOM CHARGE			
a. Name of Employer			b. T	el. No. 626-405-5013
Southern California Permanente Medical Group and Kaiser Foundation Hospitals d/b/a		spitals d/b/a		
Kaiser Permanente			c. Cell No.	
			9. Fa	ax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative			
393 East Walnut Street	Arlene Peasnall, Vice President		g. e	-Mạil
Pasadena, CA 91188	Human Resources		arle	ene.f.peasnall@kp.org
				lumber of workers employed px. 12,000 (UNAC/UHCF
Type of Establishment (factory, mine, wholesaler, etc.)     Medical Provider	j. Identify principal product Health Care	or service		
k. The above-named employer has engaged in and is engag	ing in unfair labor practices within	the meaning of sec	tion 8(a	), subsections (1) and (Ilst
subsections) (3)				ions Act, and these unfair labor
practices are practices affecting commerce within the mag	arrion of the Act, or these unfair la	The second secon		Contract and accompanies and the contract and also
within the meaning of the Act and the Postal Reorganization	이번 가는 바이가 이렇게 바다면 살아보니 아니는 사람이 하셨습니다. 나이에 하다	por practices are ser	. B. B. B.	
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constitution the ell	aned unfair labor on	ectices	
				erica en la interior
Within the past six months, the Employer, through				
coerced employees in the exercise of their rights	under Section 7 of the Na	tional Labor Rel	ations	Act ("NLRA") by: (1)
denying employee (b) (6), (b) (7)(C) request for				
believed that the investigation could result in dis-	ciplinary action, and (2) dis	criminating in re	gard t	o tenure and terms or
conditions of employment to discourage member		the property of the party of th		
The state of the s				
threatened to prevent (b) (6), (b) (7)(C) from	om engaging in union and/o	or other protecte	d con	certed activities.
By these and other similar acts, the Employer ha	s violated Section 8(a)(1)	and (3) of the Ni	RA	
by those and editor similar acts, the employer no	as viciated dection e(a)(1)	and (b) of the 14	L, O. 1.	
<ol> <li>Full name of party filing charge (if labor organization, give United Nurses Associations of California/Union of</li> </ol>	full name, including local name a	nd number	ESCM	E AEL CIO
United Noises Associations of California Union	or nearin care riclessiona	is, NUTITICE, A	CIVI	E, AFL-CIO
4a. Address (Street and number, city, state, and ZIP code)	-		4b. Tel	No. 909-599-8622
955 Overland Court, Suite #150		19	4c. Cel	
San Dimas, CA 91773-1718			7.7	No.
		1		
·			4d. Fe	x No. 909-599-8655
			4d. Fe	x No. 909-599-8655
organization) National Union of Hospital and Healt	F. 2012 11 11 11 11 11 11 11 11 11 11 11 11 1		4e. e-W	x <sup>No.</sup> 909-599-8655 Isil
6. DECLARATI	f which it is an affiliate or constitu th Care Employees, AFSC/		4e. e-W	x <sup>No.</sup> 909-599-8655 Isil
I declare that I have read the above charge and that the stateme	h Care Employees, AFSCI		4e. e-N In when	x No. 909-599-8655 Isil charge is filled by a labor
I decidle that I have lead the above that go and that the statelline	h Care Employees, AFSCI	ME, AFL-CIO	4e. e-W	x No. 909-599-8655 Isil charge is filled by a tabor
7 6 . 1	h Care Employees, AFSCI	ME, AFL-CIO	in when	x No. 909-599-8655  Isil  charge is filed by a labor
7 5	h Care Employees, AFSCI	ME, AFL-CIO edge and belief. Attorney	4e. e-N In when Tel. No	x No. 909-599-8655  Isil  Charge is filed by a labor  909-599-8622  If any, Cell No.
By Liva Dill	h Care Employees, AFSCI ON ents are true to the best of my knowle isa Demidovich, In-House I	ME, AFL-CIO edge and belief. Attorney	4e. e-N In when Tel. No	x No. 909-599-8655   sil

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

955 Overland Ct. #150, San Dimas, CA 91773

6/6/2013

(date)

lisa@unac-ca.org

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U S C 3512

INTERNET UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE		
(Z-08)	NATIONAL LABOR RELATIONS B CHARGE AGAINST EMPLO		Case	i Date Filed
	טוואוסב אסאואסי בוווו בס	12.1	21-CA-1069	6-7-13
NSTRUCTIONS:	B Regional Director for the region in which:	the allowed unfult ishes are		
ile su oudine min eric	1. EMPLOYER	AGAINST WHOM CHA	RGE IS BROUGHT	
a. Name of Employe	,		,	b. Tel. No. 760-771-4311
Mountain View C	Country Club			c. Cell No. 760-771-4060
				f. Fax No.
<ul><li>d. Address (Street, a 80375 Pomelo</li></ul>	city, state, and ZIP code)	e. Employer Represe David Doss	ntative	g. e-Mail
La Quinta, CA 92	2253	i		
				h. Number of workers employed
Country Club	nent (factory, mine, wholesaler, etc.)	j. Identify principal pr Golf Course		:
k. The above-named	employer has engaged in and is engagin	ng in unfair labor practices	within the meaning of sec	ction 8(a), subsections (1) and (list
subsections) (3)			of the National Lab	or Relations Act, and these unfair labor
	tices affecting commerce within the mean g of the Act and the Postal Reorganization		nfair labor practices are u	nfair practices affecting commerce
2 Basis of the Char	ge (set forth a clear and concise stateme	nt of the facts coastituting	the alleged unfair lebor p	ractices)
3. Full name of part Laborers Interna	y filing charge <i>(if Isbor organization, give</i> ational Union of North America L	full name, including local ocal 1184	name and number)	
4a. Address (Street	and number, city, state, and ZIP code)			4b. Tel. No. 951-684-1484
1128 E. La Cad Riverside, CA 9	-,		•	4c, Cell No.
				4d. Fax No. 951-7791445
}				4e. e-Mail
- commitment	nonal or international labor organization of orers International Union of Nort		constiluent unit (to be fille	d in when charge is filed by alsoor
I declare that I have	6. DECLARAT		ny knowledge and belief.	Tel. No. 760-343-0533-
By Think	5	aniel Brennan Busi	ness Agent	Office, if any, Cell No.
	esen(ative or person making charge)	(Print/type name and title	or office, if any)	Fax No. 760-343-0883
PO Box 1	155 Thousand Palms, CA 92276		6/6/13	e-Mall

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or Itigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-107097	6-12-13	

INSTRUCTIONS:

tle an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occur 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	ring.
a. Name of Employer	b. Tel. No. (520) 293-0300 c. Cell No.
Premier Building Group  d. Address (Street, city, state, and ZIP code)  3191 E. 44th St. Sob site  Tucson, AZ 85713 address: Rodney Alan Davis  147 Pullian Rd	f. Fax No.
Calixico, CA 92231	h. Number of workers employed $180 - 200$
i. Type of Establishment (factory, mine, wholesaler, etc.)  (On Struct) On  Renewable Energy  k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of so subsections)  (3)  of the National Labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor
Within the past 6 months, the compared union and compared to the act by threatening and (b) (6), (b) (7)(C) due to only on and compared to the act of the	discharging on Certed  MLRB NLRB
Full name of party filing charge (if labor organization, give full name, including local name and number)	RB REG
Laborers International Unian of North Andaress (Street and number, city, state, and ZIP code) 1128 E. La Cadena Dr. Riversich, CA-92507	(95)6849484  4d. Fax No. $(95)779-1445$ 4e. e-Mail
4399 Santa Anita Av. # 204	America Tel. No. (626) 705-6751
E/Monte, c.D. 91732 6-12-13 (date)	fsoto@lcof.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Form NLRB - 501 (2-08)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

**INSTRUCTIONS:** 

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
21-CA-107565	June 19, 2013		

File an original of this charge with NLRB Regional				
	EMPLOYER AGAINST WHOM CHARGE IS BI			
a. Name of Employer		b.		
COACTAL MARINE CERVICES INC		(619) 291-8176		
COASTAL MARINE SERVICES, INC.				
		c. Cell No.		
c. Address (street, city, state ZIP code)	d. Employer Representative	f. Fax No.		
		(619) 291-8179		
2255 NATIONAL AVE	Neal Norton	g. e-Mail		
SAN DIEGO, CA 92113-3614				
		h. Dispute Location (City and State)		
		San Diego,CA		
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location		
hotel)		40		
Mechanical Services Contractor	Mechanical Services			
I. The above-named employer has engaged in and	is engaging unfair labor practices within the m	eaning of section 8(a), subsections (1) and (3) of the		
National Labor Relations Act, and these unfair labor				
practices are unfair practices affecting commerce				
2. Basis of the Charge (set forth a clear and concis	se statement of the facts constituting the allege	d unfair labor practices)		
NAPALIA ALA ALA ALA ALA ALA ALA ALA ALA ALA		(1) (2) (1) (7)(2)		
Within the past six-months, the above-na				
(b) (6), (b) (7)(C) in retaliation for these emp	loyees' union and/or protected concer	rted activities.		
3. Full name of party filing charge (if labor organization, give full name, including local name and number) INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED WORKERS, LOCAL NO. 5, AFL-				
INTERNATIONAL ASSOCIATION OF H	EAT AND FROST INSULATORS AND	D ALLIED WORKERS, LOCAL NO. 5, AFL-		
CIO				
An Address (street and number sity state and 71				
4a. Address (street and number, city, state, and ZI 670 E FOOTHILL BLVD, UNIT 2	D code)	Ab Tol No		
	P code)	4b. Tel. No.		
AZUSA, CA 91702-2628		(626) 815-9794		
		(626) 815-9794 4c, Cell No.		
	P code)	(626) 815-9794 4c. Cell No. 4d. Fax No.		
	P code)	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165		
5. Full name of national or international labor organ	·	(626) 815-9794 4c, Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail		
Full name of national or international labor organization)	·	(626) 815-9794 4c, Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail		
organization)	nization of which it is an affiliate or constituent u	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor		
organization) INTERNATIONAL ASSOCIATION OF	nization of which it is an affiliate or constituent u	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor		
organization)	nization of which it is an affiliate or constituent u	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor		
organization) INTERNATIONAL ASSOCIATION OF  6. DECLARATION I declare that I have read the above charge as	nization of which it is an affiliate or constituent of HEAT AND FROST INSULATORS A	(626) 815-9794 4c, Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor ND ALLIED WORKERS, AFL-CIO Tel. No.		
organization) INTERNATIONAL ASSOCIATION OF 6. DECLARATION	nization of which it is an affiliate or constituent of HEAT AND FROST INSULATORS A	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor ND ALLIED WORKERS, AFL-CIO  Tel. No. (626) 815-9794		
organization) INTERNATIONAL ASSOCIATION OF  6. DECLARATION I declare that I have read the above charge at my knowledge and belief.	nization of which it is an affiliate or constituent of HEAT AND FROST INSULATORS A	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor ND ALLIED WORKERS, AFL-CIO  Tel. No. (626) 815-9794  Office, if any, Cell No		
organization) INTERNATIONAL ASSOCIATION OF  6. DECLARATION I declare that I have read the above charge as	nization of which it is an affiliate or constituent under the HEAT AND FROST INSULATORS All and that the statements are true to the best of	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor ND ALLIED WORKERS, AFL-CIO  Tel. No. (626) 815-9794		
organization) INTERNATIONAL ASSOCIATION OF  6. DECLARATION I declare that I have read the above charge at my knowledge and belief.  By:	nization of which it is an affiliate or constituent under the statements are true to the best on the best of the b	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filted in when charge is filed by a labor  ND ALLIED WORKERS, AFL-CIO  Tel. No. (626) 815-9794  Office, if any, Cell No (626) 717-6228		
organization) INTERNATIONAL ASSOCIATION OF  6. DECLARATION I declare that I have read the above charge at my knowledge and belief.	nization of which it is an affiliate or constituent under the statements are true to the best on the best of the b	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor  ND ALLIED WORKERS, AFL-CIO  Tel. No. (626) 815-9794  Office, if any, Cell No (628) 717-6228  Fax No.		
organization) INTERNATIONAL ASSOCIATION OF  6. DECLARATION I declare that I have read the above charge as my knowledge and belief.  By:  (signature of representative or person making charges)	HEAT AND FROST INSULATORS All that the statements are true to the best on the best of the	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor  ND ALLIED WORKERS, AFL-CIO  Tel. No. (626) 815-9794  Office, if any, Cell No (626) 717-6228  Fax No. (626) 815-0165		
organization) INTERNATIONAL ASSOCIATION OF  6. DECLARATION I declare that I have read the above charge as my knowledge and belief.  By:  (signature of representative or person making charges: 670 E FOOTHILL BLVD, UNIT 2	HEAT AND FROST INSULATORS All that the statements are true to the best on the best of the	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor  ND ALLIED WORKERS, AFL-CIO  Tel. No. (626) 815-9794  Office, if any, Cell No (626) 717-6228  Fax No. (626) 815-0165 e-Mail		
organization) INTERNATIONAL ASSOCIATION OF  6. DECLARATION I declare that I have read the above charge as my knowledge and belief.  By:  (signature of representative or person making charges)	HEAT AND FROST INSULATORS All that the statements are true to the best on the best of the	(626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail unit (to be filled in when charge is filed by a labor  ND ALLIED WORKERS, AFL-CIO  Tel. No. (626) 815-9794  Office, if any, Cell No (626) 717-6228  Fax No. (626) 815-0165		

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S C 3512

INTERNET FORM NLRB-501 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
21-CA-107604	6-19-13

INSTRUCTIONS:	
the control of the second seco	40

p and the second	ACAINET WHOM CHADGE IS BROHGHT		
1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT  a. Name of Employer  Hostmark Hospitality Group dilata Embassy Suites Irvine Hotel		b. Tel. No. (949) 553-8332 c. Cell No.	
	T. College	f. Fax No.	
d. Address (Street, city, state, and ZIP code) 2120 Main Street Irvine, CA 92614	e. Employer Representative	g, e-Mail	
		h. Number of workers employed	
i. Type of Establishment/factory, mine, wholesaler, etc.) Hotel	j. Identify principal product or service Hotel room, food and beverage		
subsections) (3)  practices are practices affecting assumence within the mean within the meaning of the Act and the Postal Reorganization.  2. Basis of the Charge (set forth answar and concise statement)	ning of the Act, or these unfair labor practices are on Act.	11 No. 11 No. 11	
The Charging Party requests §19(j) injunctive reli	6).		
Full name of party filing charge (if lebor organization, give a UNITE HERE Local 11)	full name, including local name and number)		
UNITE HERE Local 11  4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b, Tel. No.	
UNITE HERE Local 11  4a. Address (Street and number, city, state, and ZIP code)  464 S. Lucas Ave. Ste. 201	full name, including local name and number)	4b. Tel. No. (213) 481-8530 4c. Cell No.	
UNITE HERE Local 11	full name, including local name and number)	(213) 461-8530	
UNITE HERE Local 11  4a. Address (Street and number, city, state, and ZIP code)  464 S. Lucas Ave. Ste. 201	full name, including local name and number)	(213) 481-8530 4c. Cell No.	
UNITE HERE Local 11  4a. Address (Street and number, city, state, and ZIP code)  464 S. Lucas Ave. Ste. 201		(213) 481-8530 4c. Cell No. 4d. Fax No. (213) 481-0352 4e. e-Mail	
UNITE HERE Local 11  4a. Address (Street and number, city, state, and ZIP code)  464 S. Lucas Ave. Ste. 201  Los Angeles, CA 90017  5. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to be file	(213) 481-8530 4c. Cell No. 4d. Fax No. (213) 481-0352 4e. e-Mail ad In when charge is filed by a labor Tel. No. (213) 481-8530 x 258	
UNITE HERE Local 11  4a. Address (Street and number, city, state, and ZIP code)  464 S. Lucas Ave. Ste. 201  Los Angeles, CA 90017  5. Full name of national or international labor organization of organization)  UNITE HERE International Union  6. DECLARATIO  I declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be file	(213) 481-8530 4c. Cell No. 4d. Fax No. (213) 481-0352 4e. e-Mail ad In when charge is filed by a labor Tel. No.	
UNITE HERE Local 11  4a. Address (Street and number, city, state, and ZIP code)  464 S. Lucas Ave. Ste. 201  Los Angeles, CA 90017  5. Full name of national or international labor organization of organization)  UNITE HERE International Union  6. DECLARATIO  I declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be fille ) )N its are true to the best of my knowledge and belief.	(213) 481-8530 4c. Cell No. 4d. Fax No. (213) 481-0352 4e. e-Mail ad In when charge is filed by a labor Tel. No. (213) 481-8530 x 258	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, SECTION 1001) PRIVACY ACT STATEMENT

Oslisitation of the information on this form is authorized by the National Labor Relations Act (NLPA), 29 U.S.C. 9 151 of seq. The principal use of the information is to seek the National Labor Relations Board (NLPA) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 748A2-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-08)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

		FORM EXEMPT UNGER-44 U.S.C 3512
	DO NOT WRITE	E IN THIS SPACE
Coco		Dota Filed
21-0	CA-108461	7-2-13

ISTRUCTIONS:	21-CA-1	08461 /-2-13
le an original with NLRB Regional-Girestor for the region in which		~
	R AGAINST WHOM CHARGE IS BROW	
a. Name of Employer Hostmark Hospitality Group official Embassy Sultes Irvine Hotel		b. Tel. No. (949) 553-9332
		c. Cell No.
	7 2 2	1. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	(949) 261-5301 g. e-Mail
2120 Main Street		g. o-men
rvine, CA 92614		h. Number of workers employed
. Type of Establishment/factory, mine, wholesaler, etc.)	j. Identify principal product or service	t- · · · · · · · · · · · · · · · ·
Hotel	Hotel room, food and beverage	
k. The above-named employer has engaged in and is engag	ing in unfair labor practices within the meaning	ng of section-8(a), subsections (1) and (list
subsections) (3)	of the Natio	onel Capor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea		s are unfair practices affecting commerce
within the meaning of the Act and the Postal Reorganizati	on Act.	
<ol><li>Basis of the Charge (set forth a deer end concise statem</li></ol>	ent of the fects constituting the alleged unfair,	(aborpractices)
On 1010 1017/01 2012 the above and ample on	) 	
On 10(0) (0)(7)(0) 2013, the above named employer, I	1.5 P. C. S. L. C. L. C. L. C.	
employee (b) (6), (b) (7)(C) in retatiation for eng	laging in protected, concerted activit	y and support for the Charging
Party union.	, ,	4
The Charging Party requests §10(j) injunctive rel	ief.	
3. Full name of party filing charge (if lebor organization, give	full name, including local name and number)	
JNITE HERE Local 11		
Va. Address (Street and number, city, state, and ZIP code)		4b. Tel. No.
64 S. Lucas Ave. Ste. 201		(213) 481-8530
os Angeles, CA 90017		4c. Cell No.
		4d. Fax No.
		(213) 481-0362
		4e. e-Mail
5. Full name of national or international labor organization o	Condesingly in the case of States are a consideration of the states of t	
organization)	which it is an annuate of constituent unit (to t	ne miled in when charge is med by a labor
UNITE HERE International Union		
6. DECLARATI	DN .	Tel. No.
I declare that I have read the above charge and that the stateme	nts are true to the best of my knowledge and bel	ief. (213) 481-8530 x 258
Mes		Office, if any, Cell No.
Kin Kin	ill Penteshin, Staff Attorney	Olice, it sity, cell tto.
(signature of proceentalive or person making charge)	(Print/type name and title or office, if any)	Fax No.
		(213) 481-0352
	6W6F18	e-Mail
464 S. Lucas Ave. Ste. 201, Los Angeles, C	7 4 0040	a Landau and a second
Address	CA 90017 7.1.2013 (date)	kpenteshin@unitehere11.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1861) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRS) in processing unfair tabor practice and related proceedings or titigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to be NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FIJRM NLRB-501 (2-09)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

V	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
21-CA-108765	7/9/2013

NSTRUCTIONS:	21-CA-10	
File an original with NLRB Regional Director for the region in which 1. EMPLOYER	the alleged unfair labor practice occurred or is AGAINST WHOM CHARGE IS BROUG	occurring. GHT
a. Name of Employer		b. Tel. No. (562) 924-0099
College Hospital Cerritos		c, Cell No.
		f. Fax No.
c Address (Street, city, state, and ZIP code)	e Employer Representative	I. Fax No.
	Holly Risha, Regional Director	g. e-Mail
10902 College Place Cerritos, CA 90703	of Human Resources	La constant de la con
		h. Number of workers employed
<li>Type of Establishment (factory, mine, wholesaler, etc.) Hospital</li>	j. Identify principal product or service Health Care	
k. The above-named employer has engaged in and is engagin	g in unfair labor practices within the meaning	of section 8(a), subsections (1) and (list
Act, or these unfair labor practices are unfair practices affecting		d the Postal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise statemen	nt of the facts constituting the alleged unfair	labor practices)
By the above and other acts, the above-named employer guaranteed in Section 7 of the Act. 3 Full name of party filing charge (if labor organization, give to		erced employees in the exercise of the rights
Service Employees International Union, I	Inited Healthcare Workers-West	
Aa. Address (Street and number, city, state, and ZIP code)		4b.Tel. No. (323) 734-8399
5480 Ferguson Drive	7*	Ac Cell No.
Los Angeles, CA 90022		4d.Fax No. (323) 721-3538
		4e.e-Mail mvides@seiu-uhw.org
Full name of national or international labor organization of worganization)     SERVICE EMPLOYEES INTERNATIONAL U		
8 DECLARATIO		Tel, No. (510) 337-1001
Segrare that I have read the above charge and that the statements at	e true to the best of my knowledge and bellef.  Bruce A. Harland, Attorney	Office, if any, Cell No.
(symilling of representative or person making charge)	(Printitype name and title or office, If any)	Fax No.
	No. of Contract of	(510) 337-1023
Weinberg, Roger & Rosenfeld Address 1001 Marina Village Parkway, Suite 200, Al	July 9, 2013 ameda, CA 94501 (date)	9-Meil
	(uaic)	bharland@unioncounsel.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary: however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT	WRITE I	N THIS	SPACE
		Tota Eilar	

Case

21-CA-108976

7-11-13

INSTRUCTIONS: File an original with NLR8 Regional Director for the region in which	the alleged unfair labor practice occurred or is occu	rring.
	AGAINST WHOM CHARGE IS BROUGHT	
Name of Employer     Kaiser Foundation Hospitals; Southern California Permanente Medical Group		b. Tel. No. 619-641-4194
		c. Celi No.
		f. Fax No
d. Address (Street, city, state, and ZIP code)	e, Employer Representative	1.40.0
See Attachment A	Kryssie Chandler	g. e-Mail
		kryssie x.chandler@kp.org
		h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.) Medical	j. Identify principal product or service Healthcare	
k. The above-named employer has engaged in and is engagin subsections) and (3) of the National Labor Relations Act, and Act, or these unfair labor practices are unfair practices affect	these unfair labor practices are practices affecting	g commerce within the meaning of the
2. Basis of the Charge (set forth a clear and concise stateme	nt of the facts constituting the alleged unfair lab	or practices)
Within the past six (6) months, the above named of protected concerted activity. Specifically, with probation period of the reasons that failed with the Charging Particles of the Charging Particles of the RC-2117.	transferred from Fontana to San Diego was because of spoke up in a meeti	and was informed that one ng that certain unilateral
Full name of party filing charge (if labor organization, National Union of Healthcare Workers, CNA	give full name, including local name and num	ber)
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 510-834-2009
5801 Christie Ave. Suite 525 Emeryville, CA 94608		4c, Cell No.
		4d Fax No. 510-834-2019
		4e.e-Mail
5. Full name of national or international labor organization of which organization) NONE	it is an affiliate or constituent unit (to be filled in w	hen charge is filed by a labor
6. DECLARATIO	אַנ	Tel. No. 744 000 4470
I declare that I have read the above charge and that the statement	its are true to the best of my knowledge and belief.	714-282-1179
By Here Doffme Flor	rice Hoffman	Office, if any, Cell No. 626-524-5965
(signature of representative or person making charge)	(PnnVtype name and title or office, if any)	Fax No. 714-282-7918
9502 E Ohannar Ave Outs 252 O	7/11/2013	e-Mail
8502 E. Chapman Ave. Suite 353, Orange,	CA 92869 (date)	ihoffman@socal.rr.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, and SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 etc. seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# **ATTACHMENT A**

Cheryl Kopitzke, Senior Legal Counsel Kaiser Permanente Legal Department 393 East Walnut Street Pasadena, CA 91888

Ronald Goldman, Senior Counsel Kaiser Foundation Health Plan Inc. Legal Department One Kaiser Plaza, 2IL Oakland, CA 94612

Kaiser Foundation Health Plan Inc. One Kaiser Plaza, Oakland, CA 94612

Kaiser Foundation Hospitals 393 East Walnut Street, Second Floor Pasadena, CA 91188

Southern California Permanente Medical Group 393 East Walnut Street, Second Floor Pasadena, CA 91188

Kryssie Chandler, DA, Health Education 10990 San Diego Mission Road San Diego, CA 92108. Form NLRB - 501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
21-CA-108985	July 11, 2013	

File an original of this charge with NLRB Regional L			
1. E	MPLOYER AGAINST WHOM CHARGE IS BROU	JGHT	
a. Name of Employer		b. Tel. No.	
Coastal Marine Services, Inc.		c. Cell No.	
Obdolar Mente del Mede, men		0, 000 110.	
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.	
•			
2255 National Avenue	Neal Norton	g. e-Mail	
San Diego, CA 92113-3614		3. 0	
Can biogo, or carro		h. Dispute Location (City and State)	
		San Diego	
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location	
hotel)		40	
Mechanical Services Contractor	Mechanical Services		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
I The share asked employer has approach in and	- angaging unfair labor progressions within the magain	ing of coction R(s), subpactions (1) and (3) of the	
I. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the			
National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor			
practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.			
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)			
	The above-named Employer has refused to hire, or consider for hire, (b) (6), (b) (7)(C) in retaliation for [0] Union and/or protected, concerted activities.		
The above-named Employer has refused to hire, or	delication of the contract of the contrac		
The above-named Employer has refused to hire, or			
The above-named Employer has refused to hire, or			
The above-named Employer has refused to hire, or  3. Full name of party filing charge (if labor organizal)	ion, give full name, including local name and num	ber)	
3. Full name of party filing charge (if labor organization)	, -	ber)	
	, -	ber)	
3. Full name of party filing charge (if labor organization)	, -	ber)	
Full name of party filing charge (if labor organization of Heat and Frost Insulator)	rs and Allied Workers, Local No. 5, AFL-CIO		
3. Full name of party filing charge (if labor organization)	rs and Allied Workers, Local No. 5, AFL-CIO	4b. Tel. No. (626) 815-9794	
3. Full name of party filing charge (if labor organization of Heat and Frost Insulato  4a. Address (street and number, city, state, and ZIF)	rs and Allied Workers, Local No. 5, AFL-CIO	4b. Tel. No. (626) 815-9794 4c. Cell No.	
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2	rs and Allied Workers, Local No. 5, AFL-CIO	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165	
3. Full name of party filing charge (if labor organization of Heat and Frost Insulato  4a. Address (street and number, city, state, and ZIF)	rs and Allied Workers, Local No. 5, AFL-CIO	4b. Tel. No. (626) 815-9794 4c. Cell No.	
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2	rs and Allied Workers, Local No. 5, AFL-CIO	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165	
3. Full name of party filing charge (if labor organization of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628	rs and Allied Workers, Local No. 5, AFL-CIO	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail	
3. Full name of party filing charge (if labor organization international Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628 5. Full name of national or international labor organic	rs and Allied Workers, Local No. 5, AFL-CIO	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail	
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulato  4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organization)	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail	
3. Full name of party filing charge (if labor organization international Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628 5. Full name of national or international labor organic	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail	
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulato  4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organization)	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail	
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organiorganization) International Association of Heat and Frost Insulato	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail (to be filled in when charge is filed by a labor	
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organization) International Association of Heat and Frost Insulato  6. DECLARATION	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No.	
3. Full name of party filing charge (if labor organization) International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organiorganization) International Association of Heat and Frost Insulato 6. DECLARATION I declare that I have read the above charge and	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail (to be filled in when charge is filed by a labor	
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organization) International Association of Heat and Frost Insulato  6. DECLARATION	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No.	
3. Full name of party filing charge (if labor organization) International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organiorganization) International Association of Heat and Frost Insulato 6. DECLARATION I declare that I have read the above charge and	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No.	
3. Full name of party filing charge (if labor organization) International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organization) International Association of Heat and Frost Insulato 6. DECLARATION I declare that I have read the above charge and my knowledge and belief.	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit ( rs and Allied Workers, AFL-CIO  d that the statements are true to the best of	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No. Same as above	
3. Full name of party filing charge (if labor organization) International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organiorganization) International Association of Heat and Frost Insulato 6. DECLARATION I declare that I have read the above charge and	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit (	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No. Same as above	
3. Full name of party filing charge (if labor organization) International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organization) International Association of Heat and Frost Insulato 6. DECLARATION I declare that I have read the above charge and my knowledge and belief.  By:	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit ( rs and Allied Workers, AFL-CIO  d that the statements are true to the best of  Vidal Arce, Organizer	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No. Same as above  Office, if any, Cell No.	
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organization) International Association of Heat and Frost Insulato 6. DECLARATION I declare that I have read the above charge and my knowledge and belief.  By:  (signature of representative or person making charges)	zation of which it is an affiliate or constituent unit ( rs and Allied Workers, AFL-CIO  d that the statements are true to the best of  Vidal Arce, Organizer  arge)  Print Name and Title	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No. Same as above  Office, if any, Cell No.  Fax No. same as above	
3. Full name of party filing charge (if labor organization) International Association of Heat and Frost Insulato 4a. Address (street and number, city, state, and ZIF 670 E. Foothill Blvd., Unit 2 Azusa, CA 91702-2628  5. Full name of national or international labor organization) International Association of Heat and Frost Insulato 6. DECLARATION I declare that I have read the above charge and my knowledge and belief.  By:	rs and Allied Workers, Local No. 5, AFL-CIO  code)  zation of which it is an affiliate or constituent unit ( rs and Allied Workers, AFL-CIO  d that the statements are true to the best of  Vidal Arce, Organizer	4b. Tel. No. (626) 815-9794 4c. Cell No. 4d. Fax No. (626) 815-0165 4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No. Same as above  Office, if any, Cell No.	

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Bourd (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1-854712420